DOCUMENT RESUME

ED 118 242 PS 008 314

AUTHOR	McGowan, Brenda G.
TITLE	Case Advocacy: A Study of the Interventive Process in Child Advocacy.
INSTITUTION	Columbia Univ., New York, N.Y. School of Social Work.
SPONS AGENCY	Office of Child Development (DHEW), Washington, D.C.d
REPORT NO	OCD-CB-386
PUB DATE	73
NOTE	240p.; For other section of this two-part final report on the project, "Child Advocacy Methods and Techniques: An Evaluative Study," see PS 008 315; Light print areas throughout document
EDRS PRICE	MF-$0.83 HC-$12.71 Plus Postage
DESCRIPTORS	Agency Role; Case Studies; Change Strategies; *Child Advocacy; Critical Incidents Method; *Elementary Education; *Intervention; Literature Reviews; Measurement Techniques; *Preschool Education; Social Agencies; Social Work; *Social Workers; Theories
IDENTIFIERS	*Child Advocacy Research Project; Childrens Rights

ABSTRACT

An exploratory study of child advocacy cases as conducted and reported by social agency workers is presented in this report. Most of the data were collected with the use of a critical incident technique, by which case workers from eight agencies reported selected child advocacy cases in which they had participated over a 4-month period. Information obtained from 163 of the case worker reports was coded and analyzed in terms of the advocate, client, problem, target system, objective, available resources, receptivity of target system, intervention level and method used, and outcome involved in each case. The resources used by the case worker and the receptivity of the target system involved are suggested to be especially influential in case outcomes, as portrayed by the data. The implications of the data for case advocacy practice and theory are discussed. A review of advocacy and social intervention literature is included. (BRT)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

U S DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

ED118242

PS 008314

1-76

Columbia University
in the City of New York

CASE ADVOCACY: A STUDY OF THE INTERVENTIVE PROCESS IN CHILD ADVOCACY

BRENDA G. McGOWAN

Child Advocacy Research Project
Columbia University School of Social Work
1973

00002

CASE ADVOCACY: A STUDY OF THE INTERVENTIVE PROCESS IN CHILD ADVOCACY

Brenda G. McGowan

This monograph constitutes one of a two-part final report on the project, "Child Advocacy Methods and Techniques: An Evaluative Study," OCD-CB-386, submitted to the Office of Child Development, U.S. Department of Health, Education and Welfare, December, 1973. The other section of this report was submitted under the title, "Community Based Child Advocacy Projects: A Study in Evaluation."

00003

PREFACE

A social worker in a federally-funded child advocacy project in a large metropolitan city reported the following as a typical example of her work:

John is a fourteen year old Indian youth who is usually quite responsible and self-sufficient. Shortly after the start of a new semester, he walked into my office saying that he had just been suspended by the principal for fooling around in the elevator. When asked why he wasn't in class, he explained that he didn't like his last two hours. (This made immediate sense since I knew he had been placed in very unstructured classes, although he openly admits that he needs structure and direction.) I asked John if he had discussed this problem with his school counselor; he said he had hinted at his dissatisfaction, but that the counselor doesn't take him seriously and "won't do anything about it."

I first went to the principal, explained John's difficulty, and asked him to revoke the suspension so that we could work on the schedule problem. He refused, saying that if he revoked the suspension, "it wouldn't mean anything." He also admitted that he wanted to talk with John's mother about his brother and thought that the suspension might facilitate this. I responded that suspensions are meaningless anyway and that he should not use John to deal with his brother's problem. The important thing was to get John rescheduled so he wouldn't have time to fool around in the halls. I also pointed out that it would facilitate matters to re-admit John that afternoon. However, the principal refused to meet with John until the following day when he lectured him on the danger of playing in the elevator and then complimented him on his recent schoolwork. John left the principal's office feeling neither threatened nor impressed.

I had also talked with the counselor about getting a schedule change for John. The counselor agreed that this was necessary, but said that nothing could be done until some policies were cleared up. When I said that I didn't want John to continue in flux, he said that I would have to work something out as he just didn't have time. Therefore, I worked out a new schedule which John started the following day.

The new schedule was, of course, the only thing which was needed from the beginning; if the counselor had been a more resourceful person or more sensitive to students' needs, the whole incident might have been avoided. As it was, however, the student had to go through a maze of nonsense and I had to intervene actively before the principal or counselor were willing to focus on what should be their basic task of doing whatever is necessary to facilitate the education of students.

As the preceding example demonstrates, advocacy for children need not be a very dramatic affair. The issues are often clear, the problems relatively minor, and the interventions simple and direct. Yet the writer undertook to study this phenomenon because of a conviction that there is need for more effective and frequent practice of child advocacy.

In the incident just cited, it is obvious that the advocate's intervention may have averted another potential school drop-out. Hence, despite the simplicity of the intervention, this example suggests some provoking questions: Was this youngster trying to drop-out or was he being pushed out? If the advocate had not intervened, would this incident have been recorded as still another <u>child</u> failure or a <u>school</u> failure? How many youngsters are being pushed out of school under similar circumstances in other locales where there may not be any child advocates available to act in the manner described above?

It is estimated that between 1.5 and 2 million school-age children are not enrolled in school currently. Similar deficiencies exist in other important areas of child development. For example, only five percent of all children

who require mental health services are receiving them currently. Infant mortality rates in this country are higher than those in twelve other nations. Over 400,000 children suffer from lead-poisoning annually. Some 9 million American children are still living below the official poverty line.[1]

Despite the myth that the United States is a child-centered society and the proliferation of child-serving agencies and programs, these problems persist. The concept of child advocacy as intervention on behalf of children in relation to the services and institutions impinging on their lives was introduced as one means of attacking these problems. The limitations of the child advocacy movement have been described elsewhere - and they are acute.[2] However, it is the writer's belief that child advocacy is still a viable concept and that its practice may help to enhance services for children. While engaged in a national baseline study of child advocacy, the author was exposed to a number

---

[1]Statistics have been drawn from "An Introduction to the Children's Defense Fund," Washington Research Project, Washington, D.C., 1973.

[2]See, for example, Alfred J. Kahn, Sheila B. Kamerman, and Brenda G. McGowan, Child Advocacy: Report of a National Baseline Study (Washington, D.C.: U.S. Department of Health, Education and Welfare, 1973); and Sheila B. Kamerman, "Community Based Child Advocacy Projects: A Study in Evaluation" (unpublished D.S.W. dissertation, Columbia University, 1973).

of incidents of the type cited above; and this experience suggested not only that there is real need for such interventions, but also that effective advocacy is rooted in a specific methodology and knowledge base which should be analyzed and conceptualized.

The practice of child advocacy, no matter how effective, can never substitute for the development of responsible social policy or the allocation of adequate resources for children. It can, however, help to ensure that the services which now exist for children provide maximum benefit to those they are intended to serve. It was this conviction which motivated the study of the process of case advocacy on behalf of children reported here.

Acknowledgments

Like many research efforts, this study reflects the contributions of a number of individuals and organizations. It is with real pleasure that I acknowledge these debts. The Office of Child Development/U.S. Department of Health, Education and Welfare provided the generous financial support which made this study possible; and the project officer, Jane Rea, administered the grant in an unusually gracious, flexible and responsive manner.

A number of people at Columbia University School of Social Work offered continued support during this study. I am especially grateful to Professor David Fanshel, who

was a frequent source of advice, direction, and consultation; to Professor Alfred Kahn, who provided such stimulating leadership during the baseline study of child advocacy and supplied extensive support and guidance during the current study; and to my colleague, Dr. Sheila Kamerman, who offered many incisive comments and observations, encouraged frequently, and listened patiently. I would also like to express my appreciation to Karen Blumenthal, who carried out the tedious coding process with care and skill, and to Enid Cox and Barbara Lounds-Joseph, who shared their extensive experience and interest in advocacy and made many helpful and perceptive suggestions in regard to data analysis. John Dacey, John Grundy, Kenneth Mellenthin, and William Meezan provided invaluable technical assistance on computer use. And Essie Bailey, Mary Conlon, Diana Scott and Ellen Spitzer all performed the innumerable secretarial tasks with skill and patience.

Finally, I would like to express my gratitude to the administrators of the agencies included in the sample, all of whom cooperated fully with the study and allowed me unusually free access to their staffs; and to the advocates themselves who displayed such enthusiasm about their work and shared their experiences so openly. Any value which the study may have for other practitioners of child advocacy results directly from their interest and cooperation.

00008

TABLE OF CONTENTS

		Page
PREFACE		iii
LIST OF TABLES		xi
CHAPTER		
I	BACKGROUND AND PURPOSE OF THE STUDY	1
	Introduction	1
	Recent Developments in Child Advocacy	2
	Problem	18
	Objectives	20
	Relevance to the Field of Social Work	20
II	ADVOCACY AND SOCIAL INTERVENTION: A REVIEW OF THE LITERATURE	26
	Advocacy Practice in Social Work	27
	Environmental Manipulation in Case-work Practice	34
	Strategies of Community Organization	36
	Bureaucratic-Community Group Linkages	41
	Advocacy by Legal Para-professionals	43
	Summary	45
III	THE RESEARCH DESIGN	47
	Critical Incident Technique	49
	Use in Social Work Research	51
	Assumptions and Limitation of the Study Design	55
	Development of the Research Instrument	59
	Selection of Sample	60
	Collection of Data	67
	Methods of Data Analysis	74
IV	DESCRIPTION OF SAMPLE	78
	Agencies	78
	Respondents	90
	Distribution of Incidents	96

CHAPTER		Page
V	OVERVIEW OF INCIDENTS	101
	Description of Clients	101
	Reasons for Advocacy Intervention	103
	Goals	103
	Source and Extent of Advocate Involvement	103
	Target System	107
	Results of Advocacy Intervention	109
	Summary of Findings	110
VI	DEVELOPMENT AND USE OF THE CLASSIFICATION SCHEME	113
	Devising the Classification Scheme	114
	Figure 1: Major Variables in Case Advocacy	116
	Change Agent	119
	Client	119
	Problem	120
	Target System	123
	Objective	126
	Sanction	131
	Resources of Change Agent	135
	Receptivity of Target System	142
	Ojbect of Intervention	145
	Level of Intervention	150
	Method of Intervention	153
	Outcome	158
VII	THE ADVOCACY PROCESS	161
	Change Agent	163
	Target System	166
	Problem, Objective and Sanction	173
	Mode of Intervention	177
	Outcome	181
	Dynamics of the Advocacy Process	183
	Figure 2: Schematic Relationship Among Major Variables in Case Advocacy	184
	Critical Decisions in the Advocacy Process	185
VIII	CONCLUSIONS AND RECOMMENDATIONS	190
	Reflections on Study Design	190
	Highlights of Findings	192
	Theoretical Implications	199
	Areas for Further Research	200
	Implications for Practice	201

Page

APPENDIX

A. Letter to Program Directors 207
B. Information for Respondents in Critical Incident Study 209
C. Critical Incident Report-Sample Form 212
D. Background Information-Respondents 216
E. Memorandum to Participants in Critical Incident Study, February 15, 1973 218

BIBLIOGRAPHY 220

00011

LIST OF TABLES

TABLE		Page
1	Organizational Characteristics of Sample Agencies	6
2	Background of Respondent	92
3	Number of Incidents Reported and Number Included in Final Analysis by Respondent . .	97
4	Number of Respondents and Number of Incidents Submitted for Each Sample Agency	99
5	Reasons for Advocacy Intervention	104
6	Goals of Advocacy Intervention	105
7	Target System	108
8	Mode of Intervention by Agency	165
9	Resources and Mode of Intervention by Professional Training	167
10	Objective by Target System	168
11	Receptivity of Target Systems	170
12	Mode of Intervention by Target System	171
13	Objective by Problem	174
14	Sanction by Objective	175
15	Receptivity of Target System by Sanction . . .	176
16	Number of Resources by Problem	178
17	Mode of Intervention by Receptivity of Target System	180
18	Mode of Intervention by Objective	180
19	Outcome by Receptivity of Target System . . .	182
20	Outcome by Number of Resources	182

CHAPTER I

BACKGROUND AND PURPOSE OF THE STUDY

Introduction

This is a report of an exploratory study of case advocacy as engaged in by practitioners of child advocacy. The research, conducted in 1972-1973, had the following objectives: 1) to identify and classify practice techniques; 2) to analyze the relationship between the use of specific modes of intervention and the immediate context in which they are employed; and 3) to generate hypotheses describing the major dynamics of the advocacy process. By achieving these goals, the researcher hoped to make a contribution toward the more effective practice of child advocacy.

This study, which was funded by the Office of Child Development/U.S. Department of Health, Education and Welfare, was an outgrowth of a baseline study of child advocacy conducted at Columbia University School of Social Work in 1971-1972.[1] The primary investigatory procedure for the current study was the critical incident technique. Data collected through this means were supplemented by site visits to each

---

[1]For a final report of this earlier study, see Alfred J. Kahn, Sheila B. Kamerman, and Brenda G. McGowan, Child Advocacy: Report of a National Baseline Study (Washington, D.C.: U.S. Department of Health, Education and Welfare, 1973).

of the agencies in the sample, as well as by findings from the baseline study and a companion evaluative study of community-based child advocacy programs.[1] Study findings are based primarily on 195 reports of advocacy interventions[2] submitted by 39 practitioners of advocacy in eight different types of child advocacy programs located in various parts of the country.

This chapter contains a description of recent developments in child advocacy and the problem which stimulated this research, the objectives of the study, and the relevance of the research to the field of social work.

Recent Developments in Child Advocacy

The concept of advocacy for children is certainly not new. In American social welfare, its tradition can be traced back to the latter part of the nineteenth century when leaders in the child welfare field started to publicize the problem of child abuse and campaigned vigorously for legislation to protect the interests of children. The Children's Bureau, established by Congressional mandate in 1912 to investigate

---

[1]Sheila B. Kamerman, "Community Based Child Advocacy Projects: A Study in Evaluation" (unpublished D.S.W. dissertation, Columbia University, 1973).

[2]Only 163 of these incidents were later determined to meet the criteria specified for inclusion in this study.

and make public facts about living conditions of children and their families, over the years has provided a noteworthy example of advocacy within the public sector. The crusade for child labor legislation during the 1920's was a high point in the history of American social reform efforts. More recently, state committees for children and youth have advocated for children on many different fronts. And the Child Welfare League of America has often been a focal point of advocacy for children within the voluntary sector.

The concept of child advocacy as a distinct field of practice, however, developed largely outside traditional child welfare channels and appeared on the American social scene in the latter part of the 1960's. Like other groups seeking to redress major social inequities that were organized at the end of this decade of social change and reform, the child advocacy movement was clearly influenced by the civil rights revolution and the War on Poverty. It was preceded by several major pronouncements regarding the ways in which the nation was failing its children.[1] And like all social causes, from the beginning it drew support from a number of sources. For some, child advocacy was simply a device to

---

[1]See, for example, Social Security Administration, Report of the Advisory Council on Child Welfare Services (Washington, D.C.: Government Printing Office, Dec., 1959); President's Task Force on Early Child Development, J. McV. Hunt, chairman, "A Bill of Rights for Children" (Washington, D.C.: Office of the Secretary, Department of Health, Education and Welfare, 1967); and Nixon, Richard M., "Statement of the President on the establishment of an Office of Child Development" (April 9, 1969).

attract public attention to the needs of children; for others it provided a banner under which they could attract new funding for old ideas; for still others, it presented an opportunity to design and implement creative solutions to some of the problems of children. For all - consumers, professionals, and citizens alike - the concept of child advocacy embodied a sense of hope and conviction: hope that at last something could be done to improve the lives of the nation's children; and conviction that this was the time for action.

The first call for the establishment of a national system of child advocacy was made in 1969 by the Joint Commission on the Mental Health of Children in a report summarizing the results of a major three-year study on the behavioral and emotional problems of children.[1] In order to begin the process of reordering national priorities and to address the many inadequacies and inequities in services for children, the Joint Commission recommended the appointment of a Presidential Advisory Council on Children with powers similar to those of the Council of Economic Advisors. The Joint Commission also proposed the establishment of an elaborate network of state and local child development authorities with operational responsibilities. The participants in the 1970 White House Conference on Children, influenced

---

[1] Crisis in Child Mental Health: Challenge for the 1970's, Report of the Joint Commission on Mental Health of Children (New York: Harper & Row, 1970).

by this report of the Joint Commission, made similar recommendations for the establishment of a national system of child advocacy.[1] In 1971, following the White House Conference, the President gave the Office of Child Development the charge of establishing a National Center on Child Advocacy.

In an effort to clarify this mission, the Office of Child Development gave a grant in 1971 to Columbia University School of Social Work to conduct a national study of child advocacy.[2] The purpose of this study was to evaluate the many diverse activities going on under the child advocacy label in order to determine if there was anything new or different about this phenomenon and to attempt some conceptual ordering of the field.

At the time the study was initiated, child advocacy had obviously become a bandwagon phenomenon. The diversity of activities served to create confusion about the nature of child advocacy. The only thing which was really clear was that a great deal was going on under this label. The term child advocacy was being used to describe every type of action on behalf of children including direct service, legal action, coordination, planning, and lobbying. In addition,

---

[1] White House Conference on Children, Report to the President (Washington, D.C.: Government Printing Office, 1970).

[2] Kahn, Kamerman, and McGowan, op. cit. (Much of the background material on child advocacy in this chapter is drawn from this study.)

there were many sponsors of this activity. For example, federal agencies within the Department of Health, Education and Welfare such as Social and Rehabilitation Services, Office of Child Development, National Institute of Mental Health, and Office of Education, as well as the Office of Economic Opportunity had funded approximately $7\frac{1}{2}$ million for child advocacy projects. Advocacy projects were also established at the state level under the auspices of Governors' Committees on Children and Youth, Departments of Mental Health, and the newly-established Offices of Human Resources. Legislation to establish various types of child advocacy programs was introduced at the state and federal levels; and in North Carolina such a bill was actually passed.[1]

Many agencies in the voluntary sector had also initiated various types of advocacy programs. Although mental health associations were especially prominent in this regard, other citizen groups such as the National Council of Jewish Women and the Junior League also started advocacy programs in different cities throughout the country. In addition, at about this same time the Family Service Association of America encouraged its member agencies to initiate programs of "family advocacy" which closely resembled many of the child advocacy programs.

---

[1]North Carolina, An Act to Amend Chapter 110 of the General Statutes to Establish the Governor's Advocacy Commission on Children and Youth, Chapter 935, House Bill 203 (July 20, 1971).

The child advocacy movement also infused new energy into traditional self-help organizations and stimulated the development of such new groups as parents of emotionally disturbed children and foster parents associations. One of the major thrusts was the development of a National Children's Lobby, as well as state lobbies in California, Massachusetts, and several other states. Also, youth groups which had started to organize around student issues in the late 1960's were able to use the child advocacy label to broaden their focus and to demand a more active role in the determination of public policy. Finally, political action groups such as National Welfare Rights Organization were able to use children's issues as a cause around which to organize support for their particular agendas.

The baseline study in which the author participated was conducted between September 1971 - August 1972. At the start of the study an attempt was made to identify as many child advocacy programs as possible by contacting leaders in the children's field, regional offices of the U.S. Department of Health, Education and Welfare, national voluntary organizations, State Departments of Mental Health, and State Committees on Children and Youth. Mail questionnaires were then sent to all the programs so identified. Finally site visits were made at some 75 programs in different parts of the country. The findings and recommendations

included in the final report of the study were based on data collected through these various means.[1]

The significance of the child advocacy movement can best be understood in its historical context. Under common law tradition children were viewed as the almost exclusive property of their parents, and public intervention in the parent-child relationship was considered at best a necessary evil. The earliest child welfare services were orphanages and foster care agencies established to provide for children who were orphans or paupers and utilized only when parental failure seemed almost total.

After the Industrial Revolution, as children's labor became less valuable at home, early leaders in the child welfare field began to observe incidents of child abuse and started their crusade for the establishment of children's protective services. Mulford has suggested that the early leaders in the child protective field "saw themselves as 'arms of the law' and directed their efforts to the prosecution of parents rather than the provision of social services."[2] In this way they emphasized the "child-saving" role which was implicit in the orphanages and foster care agencies established earlier. Yet, the establishment of children's protective services signaled some public acceptance of the notion that

---

[1]Kahn, Kamerman, and McGowan, op. cit., chapter 6.

[2]Robert Mulford, "Protective Services for Children," Encyclopedia of Social Work, Vol. II. (New York: National Association of Social Workers, 1971), p. 1007.

the state has at least limited responsibility to safeguard the interests of children; and it foreshadowed a gradual enhancement of the societal guarantee to children. The 20th century has witnessed a marked expansion in the degree of state intervention in the parent-child relationship as, for example, in judicial decisions requiring that children be given essential medical treatment and that they attend school despite parental wishes.[1]

However, as Bremner commented in discussing public intrusion into family life:

> ...the child did not escape control, rather he experienced a partial exchange of masters in which the ignorance, neglect and exploitation of some parents were replaced by presumably fair and uniform treatment at the hands of public authorities and agencies.[2]

In recent years, the failings of many of these agencies created to serve the interests of children have been more than adequately documented.[3] In many juvenile institutions, for example, children are subject to neglect and abuse of a sort which would provide grounds for criminal complaint

---

[1]Sanford N. Katz, When Parents Fail: The Law's Response to Family Breakdown (Boston: Beacon Press, 1971), chapter 1.

[2]Robert H. Bremner, ed., Children and Youth in America, Vol. II (Cambridge, Mass.: Harvard University Press, 1971), p. 177.

[3]See, for example, Juvenile Justice Confounded: Pretensions and Realities of Treatment Services (Paramus, N.J.: National Council on Crime and Delinquency, 1972); William Ryan and Laura B. Morris, Child Welfare Problems and Potentials (Boston: Massachusetts Committee on Children and Youth, 1967); and Task Force on Children out of School, The Way We Go To School (Boston: Beacon Press, 1970).

if they received the same treatment from their parents. Similarly, school systems have been found to exclude the very children most in need of educational services.

Since the 1950's, some of the leaders in the social welfare field, recognizing the futility of many efforts at "child-rescue," have urged a more family-focused approach. The merger of child welfare and family service agencies in some areas is symbolic of this shift in emphasis, as is the mandatory integration of programs of child welfare and Aid to Families of Dependent Children at the state level. Certainly, in recent years the major thrust in child welfare has been toward enhancing parental rights and responsibilities and strengthening the family unit; yet the failure to achieve any major changes in the quality of services for children remains clear.

Coupled with the recognition of this failure has been the growing conviction on the part of many in the human service field that adequate public services are an essential component of life in a post-industrial society.[1] Thus, instead of viewing the state as posing a threat to the integrity of family life, child advocacy spokesmen are concerned with the contributions to family life which can be made by social institutions. Since certain services such as adequate education and health care have become essential

---

[1]For a further discussion of this point, see Charles Reich, "The New Property," Yale Law Journal, LXXIII:5 (April, 1964), 733-787; and Alfred J. Kahn, Social Policy and Social Services (New York: Random House, 1973), pp. 14-16.

to healthy child development, they suggest that these must be made available to all as a matter of right.[1]

Recognizing the differential opportunities for access, the unequal distribution of resources, and the many deficiencies in human service agencies, the core of child advocacy is then the effort to monitor and strengthen these institutions so that they will be better able to provide all children with the services for which they were originally established.

The three major themes which underline current efforts in the child advocacy field can be identified as follows: 1) Widespread recognition of the ecological approach to child development which suggests that children develop not only through interaction with their families but also through transactions with secondary institutions such as schools, hospitals, child care facilities, and recreation programs; 2) Increased acceptance of the notion that in the same way as parents have certain inherent responsibilities to their children, so society has certain obligations to its children; 3) Commitment to the idea that since these services are provided to children, not as a result of charity or

---

[1]Recent court decisions requiring adequate treatment for all institutionalized children, Wyatt v. Stickney, 344 F. Supp. 373 and 344 F. Supp. 387 (M.D. Ala. 1972), and adequate education for all children, Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania, 334 F. Supp. 1257 (E.D. Pa. 1971), provide graphic examples of this type of thinking in the legal field.

governmental largesse, but rather as a matter of right and entitlement, the institutions providing these services must be accountable to the public at large and to their consumers in particular.

The critical ingredient of the child advocacy movement is the newly identified societal need to monitor and enhance the transactions between children and the social institutions which affect their lives. Thus it can be seen that in a conceptual sense, child advocacy shifts the focus from intra-familial transactions to the transactions between children and secondary social institutions; unlike earlier attempts to intervene in the parent-child relationship, child advocacy is viewed as a way to supplement rather than supplant parental roles and responsibilities. The key notion is that children have certain rights in relation to the social institutions which impinge on their lives. However, current social circumstances, especially those of poverty and racism, require that children be given support to insure equal access to the services and benefits to which they are entitled. Furthermore, because of the strength of political forces indifferent to the needs of children, the inherent defects of bureaucratic organizations, and the self-serving nature of many professional groups, all service organizations must continually be monitored to insure that they meet the needs they were designed to serve.

In practice, then, child advocacy activities might include providing evidence at a school suspension hearing

as to why an individual child should be re-admitted to school; negotiation with a local group of physicians to provide free medical care to a certain number of children; attempts to mediate between police and a group of teenage boys; organization of a group of parents of emotionally disturbed children to act on their own behalf; legal action against a state school which is not providing adequate treatment facilities; public analysis of the budget of the State Department of Education to highlight the unequal distribution of funds between middle and low income communities; or lobbying against the establishment of income limitations for day care service.

From the above listing it is obvious that almost every activity on behalf of children including direct service, coordination, and program planning can be an advocacy activity or can lead to advocacy. However, rather than engaging in a semantic game of relabeling all of these activities as advocacy, it was recommended in the baseline study that use of the term child advocacy be confined to those activities which have the distinct purpose of intervening in the transactions between children and secondary institutions impinging on their lives.

In summarizing the national picture of child advocacy in its earliest phase, the baseline study commented as follows:

> Child advocacy, in its initial and most undefined and unstandardized period, is a nationally distributed, urban, small-scale, recent development. Programs tend to cluster at either the state level (with state funding) or at the community level (with federal funding). They

> operate primarily under public auspices and, to a lesser extent, mixed auspices. The programs encompass both the provision of direct service and social action, with various degrees of emphasis. Most serve both children and their families, rather than just children. A few, especially those that focus on youths, distinguish between the interests of children and their parents and may even recognize a degree of conflict of interest. Programs are about equally divided between serving all children or a special group of children and families, such as the poor, minority, handicapped, delinquent, or specific age group.[1]

The study revealed that there are a number of different possible ways of thinking about and organizing advocacy activities. This is a very new field in which much experimenting is going on. Old ways for doing things are being challenged while new ideas are being tested out. At the time the study was conducted it was too early to draw any firm conclusions about the effectiveness of different programs or even to specify any clearcut models for advocacy programs. The activities were too new and diversified, and patterns were just beginning to emerge. For example, social work has long made a distinction between case advocacy or activity on behalf of an individual client, and class advocacy or activity on behalf of a group of clients; and conventional wisdom has suggested that these activities must be performed by different people in different organizational settings.[2] Yet the Family Service Association, an old and

---

[1]Kahn, Kamerman, and McGowan, op. cit., p.60.

[2]For a further discussion of this point, see Kahn, Social Policy, op. cit., pp. 181-185.

venerable institution in the social work field, is now advancing the idea that its member agencies move from case to cause advocacy.[1] Similarly, distinctions have long been made between legal and lay advocacy; but many new programs are attempting to merge these roles. Even the old distinctions between public and voluntary agencies have started to blur, as private agencies begin to receive government grants, and public agencies establish citizen advisory boards and make use of lay volunteers.

The most useful means for classifying advocacy programs seem to be in terms of their starting points and targets for intervention. In regard to starting points for advocacy, most programs fall into one of four types. Some programs, especially those that have a direct service component, start with case services and engage in advocacy as they see the need arise in their work with individuals. Other programs begin with a survey of needs in a given geographic area or among a given population group. Still other groups start by monitoring the services provided by existing agencies. In what is yet another approach, self-help organizations tend to define issues in terms of the personal experience of their members and to use personal documentation as the initiating force for advocacy.

In regard to the targets for intervention, programs tend to concentrate on one or more levels. Some concentrate

---

[1]Ellen P. Manser, ed., Family Advocacy: A Manual for Action (New York: Family Service Association of America, 1973).

almost entirely on achieving certain benefits for the individual case or client. In other words, they do not attempt to effect change which benefits a larger group but rather engage in whatever activity is necessary to safeguard the interests of a particular client or group of clients. Other groups concentrate on local service agencies and attempt to effect change in the policies, programs, personnel, or board composition of local agencies. Still others concentrate on executive or administrative agencies such as the State Departments of Education or Welfare and attempt to effect change at this level in policy guidelines, administrative regulations, budget allocations, etc. Finally, other groups concentrate on achieving changes in law, either by lobbying for new legislation or by engaging in legal action in the courts.

Generally child advocacy programs tended to cluster in three major types: First are the community-based programs which tend to start either with case services or need surveys and concentrate their efforts on effecting change either at the case level or in local service agencies. Second are the state-wide agencies which usually start either with need surveys or monitoring of existing service systems and concentrate their change efforts on the executive and legislative levels. Finally, the national organizations, most of which are under voluntary auspices, tend to concentrate their efforts either on monitoring the actions of the

various federal agencies or on effecting change in the law through lobbying and court action. Self-help organizations tend to be distributed along this entire range, depending upon whether they are local, state-wide, or national groups.

The baseline study was not able to conclude anything definite about the effectiveness of various types of child advocacy programs. Generally it seemed that programs which have a limited focus and clearly defined goals are able to design and implement their change strategies most effectively. At the time of the study, however, the quality of practice child advocacy seemed very limited. Among existing agencies greatest attention had been given to the question of structural variables such as board composition and staffing patterns; as a result, many of the advocacy programs had elaborate organizational structures which were largely irrelevant because goals were so diffuse and strategies and techniques so poorly conceptualized. The need for further innovation, clarification, and documentation seemed clear.

At the conclusion of the baseline study recommendations were made for futher research in a number of different areas. One subject which seemed critical was that of the practice components in child advocacy. In order to make a contribution in this area, the present study focused on methods and techniques employed in case advocacy.

00029

Problem

Although a considerable literature has developed around the subject of child advocacy and some initial research efforts are taking place, little substantive attention has yet been given to the practice components in child advocacy. The literature to date has consisted largely of polemics on the value of child advocacy,[1] discussion of varying conceptualizations,[2] and proposals for specific program models.[3] Little is known about the knowledge and skill required for the several tasks subsumed under child advocacy.

---

[1]See, for example, Mary Kohler, "The Rights of Children, An Unexplored Constituency," Social Policy, I:6 (March-April, 1971), 36-44; Richard J. Gould, "Children's Rights: More Liberal Games," Social Policy, I:7 (July-August, 1971), 50-52; Jane Knitzer, "Advocacy and the Children's Crisis," American Journal of Orthopsychiatry, XLI:5 (October, 1971), 799-806; and Jerome Cohen, "Advocacy and the Children's Crisis," American Journal of Orthopsychiatry, XLI:5 (October, 1971), 807-808.

[2]See, for example, Crisis in Child Mental Health: Challenge for the 1970's, op. cit.; Wilbert L. Lewis, "Child Advocacy and Ecological Planning," Mental Hygiene, LIV:4 (October, 1970), 475-483; Patrick V. Riley, "Family Advocacy: Case to Cause and Back to Case," Child Welfare, L:7 (July, 1971), 374-383; and Spencer A. Ward, "Components of a Child Advocacy Program," Children Today, I:2 (March-April, 1972), 38-40.

[3]See, for example, Paul Dimond, "Towards a Children's Defense Fund," Harvard Educational Review, XLI:3 (August, 1971), 386-400; Wolf Wolfensberger, "Toward Citizen Advocacy for the Handicapped," (Lincoln: Nebraska Psychiatric Institute, University of Nebraska Medical Center, undated). (Mimeographed.); John Kay Adams, "School Ombudsmen Explore Student Rights," Opportunity, II:3 (April, 1972), 24-29; and Sylvia M. Pechman, "Seven Parent and Child Centers," Children Today, I:2 (March-April, 1972), 28-32.

Because of the rapid proliferation of child advocacy programs, a great many persons from very different backgrounds have recently been employed in child advocacy programs. During the baseline study numerous requests were received for suggestions regarding training manuals and staff development programs. A number of respondents also indicated interest in establishing training centers on child advocacy. However, before it would be possible to develop a knowledge base which could be transmitted to new practitioners, it seemed essential to pool the practice wisdom gained by participants in various child advocacy programs and to begin to conceptualize this in some meaningful way.

At the same time, because of the heavy investment of public funds in child advocacy programs, concern has been expressed about the need to evaluate the effectiveness of different approaches and models. Some global assessments of effectiveness can now be made. However, it will not be possible to conduct rigorous evaluations of different strategies until some specification is made of the actual input of various types of child advocacy programs. Actual measures of effectiveness can be made only when it is possible to identify specific goals and processes which can be related to outcomes. Therefore, for the purpose of knowledge development, as well as training, it seemed appropriate to begin to examine the actual techniques and strategies used by child advocacy practitioners.

00031

Although there is as yet no adequate practice theory for child advocacy, practitioners in many different programs have reported varying degrees of success. Therefore, it seemed likely that practice wisdom had outdistanced theory in this area. For this reason it was decided that a fruitful approach to building practice theory would be to analyze the advocacy processes actually used in practice and to develop theoretical constructs based on these data.

Objectives

The objectives of this study were as follows:

1. Collection and description of the advocacy techniques employed by practitioners in programs which use case services as a starting point for advocacy.

2. Classification and conceptualization of these techniques at a level of abstraction suitable for further empirical verification and transmission to new practitioners.

3. Development of theoretical formulations which can describe the relationship between the use of specific modes of intervention and the immediate context in which they are employed.

4. Generation of hypotheses describing the major dynamics of the advocacy process.

5. Analysis of the implications of these findings for theory and practice of child advocacy.

Relevance to the Field of Social Work

In the same way that advocacy for children has a long tradition within American social welfare history, so client

advocacy has long been a function of the social work profession. However, as a number of observers have pointed out, until the past decade the majority of social workers were preoccupied with conceptualizing and perfecting individual treatment techniques.[1] Advocacy was then in a sense rediscovered by social workers during the political ferment of the 1960's.

Because advocacy has only recently been defined as an integral component of the professional role,[2] it has not received as much attention in social work theory and practice as the more traditional methods. For example, Hollis, who has probably done more than any other theorist to conceptualize and classify the components of the casework process, focused her efforts almost entirely on what she terms "direct treatment" or the communications which take place between the worker and the client. And the content analysis on which she bases her typology of treatment techniques was conducted entirely on case records of such direct

---

[1]See, for example, Carel Germain, "Casework and Science: A Historical Encounter," in Theories of Social Casework, ed. by Robert W. Roberts and Robert H. Nee (Chicago: University of Chicago Press, 1970), pp. 3-32; and Richard M. Grinnell, Jr., "Environmental Modification: Casework's Concern or Casework's Neglect?" Social Service Review, XLVII:2 (June, 1973), 208-220.

[2]Ad Hoc Committee on Advocacy, "The Social Worker as Advocate: Champion of Social Victims," Social Work, XIV:2 (April, 1969), 16-22.

treatment.[1] However, in the recently revised edition of her basic text, she devotes much more attention to "indirect treatment" or environmental modification and suggests that much more study is needed in this area of casework practice.[2]

To the writer's knowledge, in the social work literature at present, there are no classification schemes of advocacy practice which have been developed inductively from actual practice. Yet the need for this is great. For example, in reporting on the discussions at a symposium of major casework scholars held at the University of Chicago School of Social Service Administration in May, 1969, Simon suggests that issues such as what is actually undertaken in advocacy and how "...are of utmost significance to the future development of social casework theory and practice."[3] Somewhat similarly, in discussing the social broker and advocate functions which have recently reappeared in casework practice, Briar and Miller comment as follows:

> While the methods and techniques appropriate to these functions have yet to be elaborated before they can be fully incorporated into the training

---

[1] Florence Hollis, A Typology of Casework Treatment (New York: Family Service Association of America, 1967).

[2] Florence Hollis, Casework: A Psychosocial Therapy, 2nd ed. (New York: Random House, 1972), pp. 139-163.

[3] Bernece K. Simon, "Social Casework Theory: An Overview," in Theories of Social Casework, ed. by Robert W. Roberts and Robert H. Nee (Chicago: University of Chicago Press, 1970), p. 392.

> of all caseworkers and thereby become part of every caseworker's repertoire, the rationality, utility, and relevance of these functions offer hope for their future development.[1]

In a recent article, Richan suggests that there are three major obstacles to social workers' engaging in advocacy: 1) lack of technical expertise; 2) agency and community pressures against such activity; and 3) moral dilemmas raised by advocacy such as competing loyalties, paternalism,and individual redress versus social reform.[2]

Although research studies of the type being reported here can never provide any final answers to moral dilemmas of the type suggested by Richan, the study should contribute to the development of the knowledge base necessary for practitioners to make informed choices. In addition, by conceptualizing practice techniques of case advocacy, the researcher would hope to ameliorate to some degree the problem of lack of technical expertise. Finally, this study should contribute to the development of practice standards for advocacy, an endeavor which could help to alleviate the community and agency pressures against social workers engaging in advocacy. For example, in a recent legal suit in St. Louis, a social worker was fired from a state hospital because, contrary to the wishes of the attending psychiatrist,

---

[1] Scott Briar and Henry Miller, Problems and Issues in Social Casework (New York: Columbia University Press, 1971), p. 244.

[2] Willard C. Richan, "Dilemmas of the Social Work Advocate," Child Welfare, LII:4 (April, 1973), 221.

she arranged legal counsel for an adolescent patient who wished to know her rights with respect to release. On the basis that the presiding judge had excluded expert testimony intended to show that she had engaged in appropriate social work behavior, the worker appealed a jury decision in favor of the hospital. The appeal was denied in a United States District Court on the basis that social work has no professional standards for advocacy to justify such expert testimony.[1] This is certainly a searing indictment of a profession which prescribes advocacy in its Code of Ethics.[2] Yet the implication is clear that if National Association of Social Workers were to develop practice standards for advocacy, individual workers engaging in advocacy would enjoy much greater protection in the face of community and agency pressure.

The research being reported here was, of course, limited to a study of the techniques of case advocacy employed by practitioners of child advocacy; and only a portion of the respondents were professional social workers. Therefore, the findings cannot be generalized to the social work field as a whole. By conceptualizing this limited

---

[1]Ronda S. Connaway, et al., "Issues in Professional Advocacy in Mental Health Service Delivery Systems" (paper presented at the Third National Association of Social Workers' National Professional Symposium, New Orleans, La., November 28, 1972).

[2]Ad Hoc Committee on Advocacy, op. cit.

portion of the advocacy process, however, the researcher hopes to contribute to the broader task of developing a knowledge base and practice standards for the profession as a whole.

00037

CHAPTER II

ADVOCACY AND SOCIAL INTERVENTION: A REVIEW OF THE LITERATURE

As suggested in Chapter I, the literature on child advocacy is very limited; and that which does exist is primarily of an exhortative rather than substantive type. Although the literature on social work advocacy is more extensive, it too tends to be largely polemical; and the limited substantive work which is available focuses more on class than on case advocacy. For this reason the researcher had to turn to the broader subject of planned social intervention to discover any material which could contribute to a conceptual understanding of the advocacy process. Hence, this chapter, which reviews the advocacy literature briefly, will attempt to highlight the relevant theoretical work on strategies of social intervention contained in the casework, community organization, and organizational change literature.

Advocacy - as the term is being used in this study - is, of course, a relatively recent phenomenon and can perhaps best be understood as one proposed solution to problems of organizational - client relationships which are so pervasive in bureaucratic society. A recent book by Katz and Danet[1]

[1] Elihu Katz and Brenda Danet, eds., Bureaucracy and the Public: A Reader in Official-Client Relations (New York: Basic Books, Inc., 1973).

suggests that social scientists have traditionally been concerned with intraorganizational aspects of bureaucracy, whereas the public at large is worried about the external effects of bureaucracy.

> Different kinds of people voice different kinds of criticism about bureaucracy, but if one listens closely, it is not difficult to hear that they are talking about the ways in which formal organizations deal with their clients, or beyond that, the ways in which formal organizations affect the environments in which they exist, including the lives and personalities of their workers. The most common complaints voiced against bureaucracies are that they are inefficient, impersonal or inhuman, and inaccessible when really needed.[1]

The authors later go on to point out that a number of solutions have been proposed to deal with the problems imposed on clients by bureaucracies. For example, some have suggested changing the organizations by the introduction of human relations training; others have proposed changing the environment by encouraging citizen participation; and still others have suggested developing new types of mediating mechanisms and regulatory agencies.[2] Advocacy, of course can serve a mediating function, and it can also be a form of citizen participation.

Advocacy Practice in Social Work

The notion of the social worker as a sort of urban broker was first introduced in 1958 by Wilensky and Lebeaux

---

[1] Katz and Danet, op. cit., p. 6.

[2] Ibid., pp. 393-400.

who suggested that social workers could function as "guides, so to speak, through a new kind of civilized jungle...putting people in touch with community resources they need but can hardly name, let alone locate."[1]

In the early 1960's, Mobilization for Youth in New York City implemented this broker model in practice, broadening the concept to include brokerage on behalf of groups of individuals. Yet, as Grosser later pointed out in an article first introducing the notion of an advocate role for social workers:

> It has been the experience of workers in neighborhood community development programs that the broker role is frequently insufficiently directive...Often the institutions with which local residents must deal are not even neutral, much less positively motivated, toward handling the issues brought to them by community groups. In fact, they are frequently overtly negative and hostile, often concealing or distorting information about rules, procedures, and office hours. By their own partisanship on behalf of instrumental organizational goals, they create an atmosphere that demands advocacy on behalf of the poor man.[2]

It was this experience which led Mobilization for Youth to introduce an advocate model in practice; and the

---

[1]Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare (New York: Russell Sage Foundation, 1958, p. 286.

[2]Charles Grosser, "Community Development Programs Serving the Urban Poor," in Readings in Community Organization Practice, ed. by Ralph M. Kramer and Harry Specht (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1969), p. 217.

earliest reported attempts at lay advocacy came out of their work in the early 1960's.[1] They demonstrated that new advocacy techniques utilized on behalf of the poor in dealing with various administrative bodies were successful in achieving and implementing new client rights and improving the delivery of existing entitlements. These same techniques were later used with similar results in the community action programs and neighborhood service centers established under the Office of Economic Opportunity.[2] Yet, unfortunately, little work was done by these early leaders in the field to conceptualize the advocacy process. Instead, the literature discussing these experiences tended either to report specific case illustrations or to defend and expound the advocacy concept.[3]

Scott Briar was the first to suggest that case advocacy should be an integral component of the professional casework role. In what had the hallmark of a seminal

---

[1] See, for example, Francis P. Purcell and Harry Specht, "Selecting Methods and Points of Intervention in Dealing with Social Problems: The House on Sixth Street," and Richard A. Cloward and Richard M. Elman, "The Storefront on Stanton Street: Advocacy in the Ghetto," in Community Action Against Poverty, ed. by George A. Brager and Francis P. Purcell (New Haven, Conn.: College and University Press, 1967).

[2] See, for example, Ralph M. Kramer, Participation of the Poor: Comparative Case Studies in the War on Poverty (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1969); and Robert Perlman and David Jones, Neighborhood Service Centers (Washington, D.C.: Government Printing Office, 1967).

[3] See, for example, Grosser, op. cit., and George A. Brager, "Advocacy and Political Behavior," Social Work XII:1 (January 1967), 5-15.

article for the field, he described the concept of the caseworker-advocate as one who is "...his client's supporter, his adviser, his champion, and if need be, his representative in his dealings with the court, the police, the social agency, and other organizations that [affect] his well-being."[1]

Since that time he and his former colleagues at the School of Social Welfare of the University of California at Berkeley have done much to popularize the concept of advocacy and have done some limited research in this area. One study, for example, demonstrated that "welfare recipients represented at fair hearings by advocates had nearly double the chance of winning their appeals as unrepresented recipients."[2] Although this group also failed to produce any real conceptual analysis of the advocacy process, Terrell was able to identify a number of roles for the social worker acting as advocate for a group of clients. He suggests, for example, that the advocate can act as general spokesman for the group; can provide knowledge and consultation to community groups about the strengths and vulnerabilities of institutional systems; can recommend strategic actions which might be undertaken; can attempt to create countervailing pressures to the actions of public institutions; and

---

[1]Scott Briar, "The Current Crisis in Social Casework," Social Work Practice (New York: Columbia University Press, 1967), p. 28. (Cited in Ad Hoc Committee on Advocacy, op. cit., p. 17.)

[2]Scott Briar and Alan S. Kalmanoff, "Welfare Hearings in California" (University of California at Berkeley, 1968) (Mimeographed). Cited in Scott Briar and Henry Miller, Issues and Problems in Social Casework (New York: Columbia University Press, 1971), p. 243.

can do contingency planning in order to capitalize on social crises when they occur.[1]

Also, in a recent publication, Briar and Miller suggest that there are a few general practice principles for case advocacy which can be identified from the limited experience to date. First, in regard to knowledge base, caseworkers performing advocacy functions require knowledge of organizational dynamics and administrative processes; familiarity with the policies, regulations and appeal machinery of the agencies with which they are dealing; and knowledge of the law and legal process. Second, in regard to techniques, advocates may need to employ a more aggressive style of work than that to which caseworkers have been accustomed in the past.[2]

In general, it seems that the social work literature on advocacy has been largely polemical rather than analytical in nature. Part of the reason for this may be that, as Grosser has pointed out, "During most of the 1960's, it was only a small, though persistent and articulate, minority within the social work profession that pursued the issue of advocacy, attempting to define priorities in social work and then to revise and update practice."[3] Therefore, the

---

[1]Paul Terrell, "The Social Worker as Radical: Roles of Advocacy," New Perspectives: The Berkeley Journal of Social Welfare I (Spring, 1967), 87.

[2]Briar and Miller, op. cit., pp. 242-243.

[3]Grosser, New Directions in Community Organization: From Enabling to Advocacy (New York: Praeger Publishers, 1973), p. 198.

proponents of an advocacy model for social work practice were forced to direct their efforts toward defending the concept against attacks of "non-professionalism" and toward expounding the need for social workers to adopt an advocacy role. The fact that an ad hoc committee of the National Association of Social Workers did endorse this concept in 1968[1] and that at least one school of social work has instituted structural procedures to protect students who engage in advocacy[2] would seem to indicate that the advocacy "cause" has been won, at least within the social work profession, and that its proponents should turn their energies toward further analyzing and explicating the advocacy process. That such efforts have not taken place is probably the result of two major factors: first, effective advocacy is difficult to carry out and still more difficult to analyze and conceptualize; and second, although this has been identified as an appropriate function of the social work profession, because of the political ramifications of advocacy, society at large has not been willing to institutionalize or fund such activity at an adequate level.[3]

---

[1] Ad Hoc Committee on Advocacy, op. cit.

[2] David Wineman and Adrienne James, "The Advocacy Challenge to Schools of Social Work," Social Work XIV:2 (April, 1969), 23-32.

[3] The National Center for Child Advocacy of the Office for Child Development is one of the first efforts in this direction.

To date, the most systematic work on the advocacy process is that of the Family Service Association of America (FSAA) and its member agencies which recently initiated a program of family advocacy in order to insure that "systems and institutions with direct bearing on families work for those families, rather than against them."[1]

In order to accomplish this, FSAA is advancing the concept of case to cause advocacy in which it is suggested that social problems identified through casework with individuals should be addressed in terms of their social causes. They suggest that, "As in casework, there are six essential parts of the advocacy process: definition of the problem, case study, diagnosis, treatment, plan, implementation of the plan, and evaluation."[2]

In terms of specific methods of advocacy, they recommend the following: studies and surveys, expert testimony, case conferences, interagency committees, educational methods, position-taking, administrative redress, demonstration projects, direct contact with officials and legislators, coalition groups, client groups, petitions, persistent demands, demonstrations and protests.[3]

---

[1] Ellen P. Manser, ed., Family Advocacy: A Manual for Action (New York: Family Service Association of America, 1973), p. 3.

[2] Ibid., p. 9.

[3] Robert Sunley, "Family Advocacy: From Case to Cause," in Manser, op. cit., pp. 152-157.

The work of the FSAA has been derived from an interesting interplay of theoretical leanings and practical experience, and it has provided the most thorough analyses of the advocacy process to date. However, the FSAA formulations were of only limited value in this study because they relate so specifically to the case to cause model for advocacy practice and assume a particular type of organizational setting.

Environmental Modification in Casework Practice

Case advocacy belongs under the rubric of what casework theorists have traditionally termed "environmental modification." Yet as Grinnell has recently documented, although environmental modification has long been a recognized method of casework treatment, leaders in the field have never examined this approach in as much substantive detail as they have the direct treatment of individuals.[1] Perlman, for example, has commented that social work methods of environmental intervention have somehow "not made their way into nor taken their place in the 'treatment techniques' so valued by caseworkers."[2]

---

[1] Grinnell, op. cit.

[2] Helen Harris Perlman, "Once More, With Feeling," in Evaluation of Social Intervention, ed. by E.J. Mullen, J.R. Dumpson, et al. (San Francisco: Jossey-Bass, Inc., 1972), p. 201. (Cited in Grinnell, op. cit., p. 215.)

As had been noted, however, in the revised edition of her basic text, Hollis devoted more serious attention to the issue of environmental modification.[1] She suggests that this work can be analyzed in three ways: 1) types of communication between worker and collateral; 2) types of resources involved; and 3) roles or functions of the worker. The types of communication which take place between worker and collateral are those of sustainment, direct influence, exploration-description-ventilation, and person-situation reflection.[2] The resources employed by the worker are those of the employing agency, other service systems or institutions, task-oriented collaterals such as employers and landlords, and feeling-oriented collaterals such as relatives and friends. The major roles identified by Hollis as appropriate for the social worker engaging in environmental modification are as follows: provider of a resource; locator of a resource; creator of a resource; interpreter; mediator; and aggressive intervener. She suggests that these last two roles are appropriate to case advocacy; but since they assume some conflict or strain in the client-collateral relationship, she warns that these

---

[1] Hollis, Casework, op. cit., chapter 9.

[2] Although the emphasis on collateral communication is new, Hollis relies in this analysis on the same types of communication identified as taking place between worker and client. See Hollis, Typology, op. cit., for a fuller description of these different types of communication.

roles should be taken on only when the sanction is clear, other methods have failed, and there has been a careful assessment of long-run as well as short-run effects.[1]

Strategies of Community Organization

As discussed earlier, the concept of advocacy as a social work function developed out of the community organizing experience, and it is the literature from this field which is most relevant to the current study. For example, an article by Roland Warren which first appeared in 1965 outlines three types of purposive social change at the community level: collaborative, campaign, and contest.[2] He suggests that the selection of a specific strategy should relate to the type of issue agreement-disagreement which exists between the change agent and the target system. In other words, if there is consensus about the issue or at least about the values underlying the issue, the change agent can use a collaborative strategy in which his principal role is that of enabler or catalyst. If there is difference about the issue but a possibility that agreement can be reached, the change agent should use a campaign strategy in which his principal role is that of persuader. If there is dissensus about the issue in that the target system either

---

[1] Hollis, Casework, op. cit., pp. 157-160.

[2] Roland L. Warren, "Types of Purposive Social Change at the Community Level," in Kramer and Specht, op. cit., pp. 205-222.

refuses to recognize the issue or is unlikely to modify his views over time, the change agent must use a contest strategy in which his primary role is that of contestant. Warren also suggests that other dimensions such as the relationship of the objective to the community power structure, the relationship of the change agent to the target population, and the timing may influence the selection of a specific strategy.[1]

In a recent publication, Brager and Specht have elaborated on Warren's work.[2] They suggest that the three major factors which influence the community organizer's choice of tactics are the substance of the issue or goal as perceived by the change agent and target system, the resources of the parties involved, and the relationship of the change agent and the target system to each other. They then propose the following typology:[3]

WHEN THE GOAL IS PERCEIVED AS:	THE RESPONSE IS:	THE MODE OF INTERVENTION IS:
(a) Mutually enhancing adjustments; or rearrangement of resources	Consensus	Collaborative
(b) Redistribution of resources	Difference	Campaign
(c) Change in status relationships	Dissensus	Contest or disruption
(d) Reconstruction of entire system	Insurrection	Violence

[1]Warren, op. cit., p. 210.

[2]Brager and Specht, op. cit., chapter 12.

[3]Brager and Specht, op. cit., p. 263.

In another major work on community organization, Cox et al. take a somewhat different approach to the issue of strategy.[1] They identify three major modes of influence: force, inducement, and value consensus. They point out, however, that each of these modes of influence is dependent on the others in that they are mutually supportive and each may be a goal as well as a means to the others. Therefore, in developing strategies to attain specific objectives, these authors suggest that organizers must consider a mix and phasing of strategies. The strategy used at a particular point in time should be determined by conditions at the moment as they effect the organizer's overall objectives. In particular, the authors highlight the importance of such conceptual variables as the resources of the target system, the social class of the various constituencies, and the complexity of the problem.[2]

A major theme in the community organizing literature seems to be that change strategies can range from consensus to conflict and that the selection of a specific tactic at a particular point in time should be determined by such variables as the resources available, the relationship and degree of agreement between the change agent and the target system, the relationship of the various constituencies to the community power structure, and the timing and complexity

---

[1] Fred M. Cox, et al., eds., Strategies of Community Organization (Itasia, Ill.: F.E. Peacock Publishers, Inc., 1970).

[2] Ibid., pp. 155-167.

of the issue. This is somewhat different from the traditional casework position, as exemplified by Hollis, who also highlights the importance of careful assessment of the situation, but implies that conflict methods should be used only as a last resort. Within the community organizing-social change tradition, certain theorists, of course, emphasize a consensus approach whereas others emphasize a conflict model.

The consensus model is perhaps best illustrated by the work of Lippitt, Watson, and Westley in their classic text on planned change.[1] Although stressing the problems of ambivalence and resistance to change, they base their model on the presupposition that the target system has made a deliberate decision to change and has asked for the help of an outside agent. They identify seven major phases in the change process: 1) Develop the need for change; 2) Establish a change relationship; 3) Identify and clarify problem; 4) Examine alternatives and establish goals; 5) Initiate change efforts; 6) Generalize and stabilize change; 7) Terminate the helping relationship.[2] In their discussion of actual change strategies, they emphasize such factors as neutralizing resistance, developing a positive relationship, obtaining mutual expectations, arousing and supporting

---

[1]Ronald Lippitt, Jeanne Watson, and Bruce Westley, The Dynamics of Planned Change (New York: Harcourt, Brace and Company, 1958).

[2]Ibid., chapter 6.

intentions to change, mobilizing competence, and providing direct and indirect support during the change process.

This model is rather dramatically different from that of Saul Alinsky who was a consummate tactician of the conflict approach to social change. A few of his rules for power tactics, taken from his last book, Rules for Radicals, perhaps best illustrate this approach:

> Power is not only what you have but what the enemy thinks you have...Never go outside the experience of your people...Whenever possible go outside the experience of the enemy...Ridicule is man's most potent weapon...Keep the pressure on...Pick the target, freeze it, personalize it, and polarize it.[1]

Alinsky, of course, always worked on behalf of the powerless against the powerful; and as Brager and Specht have suggested, when the goal is redistribution of resources or a change in status relationships, the mode of intervention may well have to be campaign, contest, or disruption.[2] Certainly, the approaches of Lippitt, et al. and of Alinsky have both been very successful in different circumstances. Hence, their experiences would seem to highlight the need in any type of advocacy or social intervention for careful evaluation of the situation and for differential use and blending of strategies.

---

[1]Saul D. Alinsky, Rules for Radicals (New York: Vintage Books, 1971), pp. 127-130.

[2]Brager and Specht, op. cit., p. 263.

Bureaucratic-Community Group Linkages

As suggested earlier, organization theorists have given remarkable little attention to the issue of bureaucratic-client relations. However, Litwak and his former colleagues at the University of Michigan have dealt extensively with the problem of the relationship between bureaucracies and primary groups.[1] One article on community participation in bureaucratic organizations is especially relevant to this study.[2] This paper suggests that because of their inherent characteristics, bureaucracies are most efficient at handling expert tasks whereas primary groups are most effective at handling non-expert (complex, unpredictable, human relations) tasks. Many objectives require the accomplishment of both expert and non-expert tasks. Yet because of the contradictory structures of these two forms of organization, some mechanisms of coordination are necessary when community groups must intervene in bureaucracies or when the two types of organization must work together.

---

[1]See, for example, Eugene Litwak and Henry J. Meyer, "A Balance Theory of Coordination Between Bureaucratic Organizations and Community Primary Groups," in Behavioral Science for Social Workers, ed. by E.J. Thomas (New York: The Free Press, 1967), pp. 246-262; Eugene Litwak and Lydia F. Hylton, "Interorganizational Analysis: A Hypothesis on Co-ordinating Agencies," Administrative Science Quarterly, VI:4 (March, 1962) 395-420; and James Avedis Ajemian, "The Unrepresented Citizen in a Bureaucratic Society: A Comparative Analysis of Three Citizen Complaint Organizations" (unpublished Ph.D. dissertation, The University of Michigan, 1971).

[2]Eugene Litwak, et al., "Community Participation in Bureaucratic Organizations: Principles and Strategies," Interchange, I:4 (1970), 43-60.

The authors go on to suggest that there are several major variables which should determine the kind of linkage or coordinating mechanism employed by a community group intervening in a bureaucracy. First, it is important to assess the social distance (degree of hostility or friendliness) between the bureaucracy and the primary group. Second, it is necessary to identify the stage of change involved, since all interventions require at least two stages: attracting the attention of the bureaucracy and getting the bureaucracy to change. Third, it is necessary to evaluate the types of tasks involved (expert, non-expert, or interdependent) at each stage of change. Finally, it is important to consider the attitudes of the larger community.

Litwak and his associates then develop a classification scheme which rates common linkage mechanisms such as advocate bureaucracy, voluntary association, mass media, indigenous expert, and ad hoc demonstration along these various dimensions. In addition, they propose two major principles of community linkage to bureaucratic organizations:

> When community primary groups seek to influence bureaucracies on technical matters, they should have linkages with bureaucratic intensity; when they seek to change non-expert matters within the bureaucracy, they should have linkages with primary group intensity.
>
> ...when the bureaucracy and the community are very close, the community should use linkages that open up distance between it and the bureaucracy; when the community and the bureaucracy are too far, they should have linkages that bring them closer together. (emphasis authors')[1]

[1]Litwak, et al., op. cit., p. 49.

Finally, they suggest that when a bureaucracy is receptive to the request of a primary group and the larger community is hostile, the primary group should use mechanisms with low public scope or visibility; on the other hand, if the bureaucracy is hostile and the larger community is supportive of the primary group's request, mechanisms with high scope should be used.

The variables identified by Litwak, et al., as social distance and public attitude are similar to those identified by the theorists in the community organization field cited earlier. However, by their delineation of the two stages of change and their analysis of the different structures required to accomplish different types of tasks, these authors made a major contribution to the effort to conceptualize the process of organizational change.

Advocacy by Legal Paraprofessionals

The concept of advocacy has, of course, been borrowed from the legal profession, and some recent work on the use of paraprofessionals in the legal field is relevant to this study. For example, a training manual developed at the Center on Social Welfare Policy and Law contains some interesting ideas on tactics for advocates dealing with bureaucracy.[1]

---

[1] William P. Statsky and Phillip C. Lang, "The Legal Paraprofessional as Advocate and Assistant: Roles, Training Concepts and Materials," in A Compilation of Materials for Legal Assistants and Lay Advocates, ed. by Mary Ader (Chicago: National Clearinghouse for Legal Services, Northwestern University School of Law, 1971).

00055

In regard to interpersonal tactics, they suggest the use of personal contact, human appeal, co-optation, using the "split between bureaucratic-self and professional-self," selectivity, irrationality, leaving the adversary a way out, and avoiding the point of no return.[1] In terms of "manipulating the bureaucratic mentality," they propose responding, delaying, using vertical and lateral influence, threatening loss of anonymity, questioning the application or interpretation of rules or procedures, and raising the broader issues.[2] Finally, in regard to exerting extra-bureaucratic pressure, they suggest limiting the players, using the experts, using politically potent outsiders, and using a connection with legal services.[3]

The general approach of the training manual is, however, similar to that of the authors cited earlier in that it stresses the need for advocates to know the structure, policies, and procedures of the bureaucracy with which they are dealing, to conduct careful assessments of each situation, and to develop differential strategies in which choice of tactics is determined by the agency, the situation, the opposition, and personal style.

---

[1] Statsky and Lang, op. cit., pp. 159-161.

[2] Ibid., pp. 161-164.

[3] Ibid., pp. 164-166.

Summary

One further article that should be mentioned in this survey of the literature on advocacy and social intervention is an unpublished paper by Finestone which outlines the basic questions underlying all social work change efforts.[1] In this article which was especially helpful to the researcher in her efforts to identify the major dimensions of the advocacy process, Finestone suggests that all change efforts require consideration of the following issues or questions: problem identification; problem determination; goal specification; problem evaluation; auspice and structure; change agents; client system; relationship of agent and client system; entree into change efforts; change methods; intra and intersystem implications; feedback and evaluation.[2]

As suggested at the beginning of this chapter, the literature on advocacy is rather limited; hence it provided little in terms of a theoretical framework for this study. The available advocacy literature does, however, highlight the importance of the advocacy function and offer some tentative suggestions as to possible roles for the advocate. A more useful source for the researcher was the recent literature on social intervention, especially that in the community organization field. These writings delineate the

---

[1] Samuel Finestone, "Basic Questions Underlying Social Work Change Efforts," (Columbia University School of Social Work, July, 1970). (Mimeographed.)

[2] Ibid., pp. 5-7.

systemic nature of all social change efforts and emphasize the need for a systematic approach to practice. More specifically, authors such as Warren, Brager and Specht suggest that interventive strategies range along a continuum of collaborative to adversarial approaches. In addition, they highlight the need for a careful selection and differential use of tactics based on a thorough assessment of relevant contextual variables. Finestone's formulation of the major questions which underlie all social work change efforts is, of course, closely related to this conceptualization; however, he provides a more precise delineation of specific contextual variables. As will become evident in the following chapters, despite the limitations of the advocacy literature, the writings on social intervention just cited influenced the researcher's analysis of the practice of child advocacy in that they encouraged her to examine the context within which specific methods and techniques are employed and suggested several relevant dimensions for exploration.

00058

CHAPTER III

THE RESEARCH DESIGN

This was an exploratory study undertaken for the purpose of developing theory in a relatively new and unexplored area of practice. As Kahn has suggested, this type of research occupies an important phase in the development of knowledge because it provides a necessary link between random observations of practitioners and experimental testing of formal hypotheses.[1] The objective of research at this level is a systematic ordering and conceptualization of practice which permits the formulation of verifiable hypotheses.

The design of an exploratory study of this type should therefore fulfill three major criteria: 1) it must provide a means for the systematic collection and ordering of data; 2) it must be flexible enough to permit the researcher to follow promising leads and to note serendipidous findings; and 3) it must provide sufficient empirical data to insure that the researcher's efforts at analysis and conceptualization accurately reflect the phenomenon under study.

In designing this study, the researcher was influenced

---

[1] Alfred J. Kahn, "The Design of Research," in Social Work Research, ed. by Norman A. Polansky (Chicago: The University of Chicago Press, 1960), p. 51.

by Glaser and Strauss who suggest that theory developed on the basis of observations of the real world is likely to provide a more valid explanation of the phenomenon being examined and to be more amenable to empirical verification than that which is proposed on a sort of "grand-theory" basis.[1] They argue that comparative, inductive analysis of data gathered in a systematic manner can be far more fruitful, especially in a relatively new and unexplored area, than efforts to conduct rigorous tests of limited theoretical constructs. And certainly the work carried out by them and their adherents attests to the validity of this approach.

The experience of Hollis in developing a classification scheme for casework treatment techniques also supports Glaser and Strauss' formulation.[2] Prior to the time she began her content analysis of communications in selected casework interviews, she, as well as others, had proposed classification schemes based on theoretical formulations; but content analysis revealed that distinctions which seemed valid on a theoretical level could not be made in practice. In contrast, the classification scheme developed on the basis of content analysis of actual interviews has been

---

[1]Barney G. Glaser and Anselm L. Strauss, The Discovery of Grounded Theory: Strategies for Qualitative Research (Chicago: Aldine Publishing Company, 1967), pp. 1-18.

[2]Hollis, Casework, op. cit., chapter 5.

successfully utilized in a number of independent studies of treatment techniques.[1]

Critical Incident Technique

The primary research tool selected for use in this study was the critical incident technique first described by Flanagan at the University of Pittsburgh.[2] Kahn suggests that this technique, which is used to formulate a functional description of an activity, may be "a particularly valuable exploratory-formulative method, especially helpful in the conceptualization of practice wisdom."[3] Based on the assumption that facts about actual behavior are more useful than general impressions and conjectures, the technique builds very simply on the capacity of people to make observations about their own and others' behavior. The technique consists essentially of a set of procedures for collecting reports made by qualified observers about overt incidents which have special significance and meet systematically defined criteria. There is no assumption that the data collected in this manner provide a representative sample of the behavior under study.

---

[1]See, for example, Francis J. Turner, "A Comparison of Procedures in the Treatment of Clients with Two Different Value Orientations," Social Casework, XLV (May, 1964), 273-277; and Shirley M. Ehrenkrantz, "A Study of Joint Interviewing in the Treatment of Marital Problems," Parts I and II, Social Casework, XLVIII (October and November, 1967), 498-502, 570-574.

[2]John C. Flanagan, "The Critical Incident Technique," Psychological Bulletin, LI:4 (July, 1954), 327-359.

[3]Kahn, Social Work Research, op. cit., p. 71.

Flanagan describes the five major steps in the critical incident technique as it is most commonly used as follows:

> (A) Determination of the general aim of the activity. This general aim should be a brief statement obtained from the authorities in the field which expresses in simple terms those objectives to which most people would agree. (B) Development of plans and specifications for collecting factual incidents regarding the activity. The instructions to the persons who are to report their observations need to be as specific as possible with respect to the standards to be used in evaluating and classifying the behavior observed. (C) Collection of the data. The incident may be reported in an interview or written up by the observer himself. In either case it is essential that the reporting be objective and include all relevant details. (D) Analysis of the data. The purpose of this analysis is to summarize and describe the data in an efficient manner so that it can be effectively used for various practical purposes. It is not usually possible to obtain as much objectively in this step as in the preceding one. (E) Interpretation and reporting of the statement of the requirements of the activity.[1]

The critical incident technique as standardized by Flanagan is an outgrowth of studies conducted in the Aviation Psychology Department of the United States Army Air Forces during World War II to develop procedures for selecting, classifying and training aircrews. After World War II the American Institute of Research was established by some of the psychologists who had participated in this research. In 1947, while the Institute was carrying out two studies similar to those undertaken earlier in the Air Force, the procedure was formalized and was labeled the "critical incident technique." Since that time the procedure has been successfully used to define the critical requirements

---

[1]Flanagan, op. cit., pp. 354-5.

of behavior in a wide range of situations. Flanagan, for example, reviews studies employing the critical incident technique in the following areas: typical performance; proficiency; training; selection and classification; job design and purification; operating procedures; equipment design; motivation and leadership; and counseling and psychotherapy.[1]

Use in Social Work Research

The first successful use of the critical incident technique in social service-related research was reported by Goodrich and Boomer in 1958.[2] They employed this procedure in their study of the residential treatment of hyperaggressive children. In order to study the interaction between staff and children and to capitalize on the therapeutic intuition and knowledge of the staff, they interviewed periodically over a three-month period all the people having regular contact with the six children under study. During the interviews they asked each respondent to describe an actual incident in which the adult did something which in the respondent's judgment was either good or bad

---

[1]Flanagan, op. cit., pp. 346-354.

[2]D. Wells Goodrich and Donald S. Boomer, "Some Concepts about Therapeutic Interventions with Hyperaggressive Children," Social Casework, XXXIX:4 (April, 1958), 207-213, and XXXIX:5 (May, 1958), 286-292.

for the child in question. After classifying and analyzing the incidents collected in this manner, the researchers identified 31 separate principles of therapeutic intervention which they classified under four major headings: promoting personality change; promoting ego growth; supporting existing ego controls; and staff member's management of himself. In commenting on their findings, Goodrich and Boomer concluded that although their research had limitations and their classifications of therapeutic intervention was not complete, the study did provide a careful description of certain aspects of residential treatment and "illustrates the usefulness of the critical incident method for clinical research."[1]

Another early example of the use of this technique in social work research is the study reported by Whitmer and Conover which examined critical precipitating factors in the decision to hospitalize a mentally ill family member.[2] By employing the critical incident technique in a study of this type, Whitmer and Conover extended the use of this research method beyond that originally envisioned by Flanagan who recommended its applicability primarily for studies of job behavior and requirements. After collecting and

---

[1]Goodrich and Boomer, op. cit., p. 211.

[2]Carroll A. Whitmer and C. Glenn Conover, "A Study of Critical Incidents in the Hospitalization of the Mentally Ill," Social Work, IV:1 (January, 1959), 89-94.

analyzing 224 incidents over a three-year period, the researchers concluded that "the family seeks hospitalization in a mental hospital for one of its members primarily because of behavior and circumstances rather than because of a recognition of the pathological symptoms of mental illness.[1] This finding, of course, had important implications for public education in terms of the problems of prevention and early intervention.

The critical incident technique was also used in a research project conducted as part of the curriculum study of the Council on Social Work Education.[2] This study was conducted in order to determine the critical job requirements of the four key social work positions in public assistance and child welfare agencies. In this rather ambitious project the researchers asked respondents occupying positions on the same level, on the level immediatly above, and on the level immediately below the position in question to report six recent incidents (three effective and three ineffective) in which a person occupying that position did something especially effective or ineffective in accomplishing his job aim. The researchers eventually collected 7,275 incidents from respondents in nine state departments

---

[1] Whitmer and Conover, op. cit., p. 93.

[2] Irving Weissman and Mary R. Baker, Education for Social Workers in the Public Social Services (New York: Council on Social Work Education, 1959).

of public welfare.[1] These reports were then used to identify the distinguishing job characteristics of the four major social work positions in the public social services and to make inferences about the educational objectives these imply.

The critical incident technique was also used successfully in three doctoral dissertations completed by students at Columbia University School of Social Work. In 1959-60 McGuire used this approach with nine group work field instructors to collect 276 incidents describing effective and ineffective teaching.[2] In 1962-63 Holtzman used this technique to study the teaching methods used by five casework field instructors.[3] And Morgan used the same approach to examine the intervention techniques employed by thirteen social group workers over a two-year period.[4] In each of these studies the researcher was able to use the data collected in this manner to analyze, classify and conceptualize in a meaningful way the particular behavior under study.

---

[1]Weissman and Baker, op. cit., p. 22.

[2]Rita Audrey McGuire, "The Group Work Field Instructor-in-Action: A Study of Field Instruction Using the Critical Incident Technique" (unpublished D.S.W. dissertation, Columbia University, 1963).

[3]Reva Fine Holtzman, "Major Teaching Methods in Field Instruction in Casework" (unpublished D.S.W. dissertation, Columbia University, 1966).

[4]R. H. Morgan, "Intervention Techniques in Social Group Work: A Study of Social Work Practice Using the Critical Incident Technique" (unpublished D.S.W. dissertation, Columbia University, 1966).

Studies such as these which employ the critical incident technique do have serious limitations in that the procedure does not provide for any random sampling and relies primarily on the subjective judgments of the respondents. In addition, the data analysis (conceptualization and classification of incidents) is very subjective in that it is based entirely on the judgments of the researcher. However, as the results of these studies indicate, the procedure does provide a means of obtaining sufficient empirical data in a relatively unknown field to begin the process of systematic analysis.

Assumptions and Limitations of the Study Design

A review of the research studies ted above suggested that the critical incident technique, with modification, would be an appropriate tool for studying the techniques employed in child advocacy. The original plan was to supplement the data collected in this manner with direct observation of practice in two child advocacy programs. However, it quickly became apparent that the very nature of the interventions engaged in by child advocates made this plan unfeasible since so much advocacy takes place either on the telephone and/or outside the office, where opportunities for observation are very limited. In addition, it was felt that the presence of an outside observer might alter the outcome of the delicate negotiations which advocacy frequently demands.

00067

Since the researcher participated in the baseline study of child advocacy described earlier and was interested in examining the techniques employed by persons engaging in child advocacy as defined in that study, specifying the aim of this activity presented no difficulty. It was simply decided to use the definition which had been arrived at after a year's extensive study of the phenomenon, and which was later endorsed by the Office of Child Development, i.e., child advocacy is intervention on behalf of children in relation to those services and institutions that impinge on their lives.

Since this is obviously a very broad definition which encompasses a wide range of activities from case service to lobbying and legal action, a more difficult problem was that of deciding whether to limit the study in any way. After considerable thought and examination of the practice differences between case and class advocacy, as highlighted in the baseline study, it was decided that this study should be limited to those interventions which had the goal of case advocacy, at least as a starting point.[1] Also, because of the obvious difference in educational backgrounds of legal and lay advocates, it was decided to confine this study to lay advocacy.

One of the assumptions of the critical incident

---

[1]See Kahn, Kamerman, and McGowan, op. cit., pp. 75-78 and 84-95 for a fuller discussion of the difference between case and class advocacy.

technique is that the respondents are qualified to make judgments about the behavior which they are reporting. Since the child advocacy field is so new, there were no available criteria by which to determine qualifications for the respondents. Given the limited state of knowledge in this field, it seemed that those who are currently engaged in child advocacy would be as well, if not better, qualified than anyone else to make such judgments. Therefore, rather than establishing any arbitrary criteria for respondents, it was decided to accept the judgments of all practitioners in the child advocacy programs included in the sample.

In designating the types of incidents to be reported, the researcher decided to ask each participant to report the first advocacy activity he engaged in or observed each week, no matter whether this was effective or not. Since most of the incidents would be those which the respondents themselves engaged in, it was felt that there would be a natural tendency to report only the most dramatic and effective incidents. Therefore, by this limitation the researcher hoped to limit the bias in reporting and to obtain a wider range of incidents than would be possible if the incidents were completely self-selected. (This does not imply that the incidents collected in this manner in any way represent a random sample.) It was also decided to ask the respondents to report only on current activities and to record their observations as soon as possible after each intervention took place in order to maximize their recall about the

specifics of the incident. Since there was no readily available means to insure that the participants followed their instructions or to check the accuracy of their recall, the integrity of the respondents is a major assumption throughout the study.

In regard to the method of data collection, it was decided to ask each respondent to complete a written questionnaire about each incident reported. The researcher also decided to supplement these questionnaires with telephone interviews when there were any omissions or areas of confusion in the written reports. Because of the complexity of the information to be reported, it was presumed that in-person individual interviews would be the optimal way of collecting data. However, this was obviously impossible because of the geographical distances involved; therefore, this seemed the best compromise solution. In order to make the completion of written reports somewhat more palatable to the participants, sufficient funding was obtained to be able to pay $10 for each report. The researcher felt confident about the use of telephone interviews to supplement the written data since she had participated in a study which used this method successfully with personnel in social work agencies.[1] Also in a study of physicians, Colombotos had

---

[1]Deborah Shapiro, "A Comprehensive Child Welfare Research Program: The Agency Phase" (paper presented at the National Conference of Social Welfare, San Francisco, Calif., May 27, 1968), pp. 5-6.

discovered that no sample bias was created by the use of telephone versus personal interviews.[1]

With regard to the total number of incidents to be collected, Flanagan suggests that incidents should be collected until the point of diminishing returns is reached, i.e., until 50-100 new incidents identify only 2-3 new behaviors.[2] In several of the social work studies described earlier, a total of 200-300 incidents seemed sufficient for this purpose. In the two studies of therapeutic intervention, for example, Goodrich and Boomer collected 240 incidents[3] and Morgan collected 306 incidents.[4] Therefore, it was originally decided to set as a goal a total of 300 incidents.

Development of Research Instrument

The primary data collection instrument was the critical incident report form. The researcher had originally intended to use a brief, open-ended type of questionnaire. After discussing this with several practitioners in the field and conducting a pre-test with them, it was decided that a more extended and somewhat more detailed questionnaire

---

[1] John Colombotos, "The Effects of Personal vs. Telephone Interviews on Socially Acceptable Responses" (paper presented at the annual meeting of the American Association for Public Opinion Research, Groton, Conn., May 14, 1965).

[2] Flanagan, op. cit., p. 343

[3] Goodrich and Boomer, op. cit., p. 289.

[4] Morgan, op. cit., p. 46.

would be necessary to capture all the complexity of the advocacy interventions. The respondents were able to provide such rich detail about their experiences, the researcher concluded that it would be more fruitful to study advocacy interventions in all their complexity, even if this should mean that a smaller total number of incidents could be collected. The instrument was pre-tested with five respondents in the New York City area. This group included the educational coordinator of a community action program, the chairman of a students rights lay advocacy group, the director of an adoptive parents self-help organization, a paraprofessional in the health field, and a professional child welfare worker. During this period the instrument was revised three times.

The final version of the instrument asks for more information about context than is customary in critical incidents studies. Yet, as Flanagan has commented:

> It should be emphasized that the critical technique does not consist of a single rigid set of rules governing...data collection. Rather it should be thought of as a flexible set of principles which must be modified and adopted to meet specific situation at hand.[1]

Selection of Sample

The agencies selected to participate in the study were known to engage in case advocacy and were ones from whom the researcher felt she could obtain cooperation. In selecting

---

[1]Flanagan, op. cit., p. 335.

TABLE 1

ORGANIZATIONAL CHARACTERISTICS OF SAMPLE AGENCIES

Agency	Geographic Location	Base of Operation	Sponsorship		Target Population	Starting Points for Advocacy
			Auspices	Funding Source		
Child Advocacy Program-Parent Child Center Boston, Mass.	Northeast	Neighborhood Catchment Area	Parent Child Center	Federal (OCD/HEW)	Families and Children 0-5 (Poor, minority catchment area)	Needs Survey Case Service
Child Service and Family Counseling Center Atlanta, Ga.	South	County	Autonomous	Voluntary 40% Public (Title IVA) 50% Fees 10%	Families and Children	Case Service
Citizen Advocacy Program Mt. Holly, N.J.	Northeast	Tri-County	N.J. State Association for Retarded Children	Federal (SRS/HEW)	Neurologically Handicapped Children and Adults	Case Service
Institute for Child Advocacy Los Angeles, Calif.	West	Neighborhood Catchment Area	Central City Community Mental Health Center	Federal (BEH-NIMH/HEW)	Families and Children (Poor, minority catchment area)	Needs Survey Case Service Monitoring
Minnesota Youth Advocacy Corps St. Paul, Minn.	Mid-West	Public Jr. & Sr. High Schools in 3 cities	Minn. State Dept. of Education	Federal (LEAA) 55% State Dept. of Education 35% Local 10%	Pre-Delinquent and Delinquent Youth	Case Service
New England Home for Little Wanderers Boston, Mass.	Northeast	Greater Metropolitan Area	Autonomous	Endowment 1/3 Voluntary 1/3 Fees for service (includes State Purchase of Service) 1/3	Families and Children (Primary focus on emotionally disturbed)	Case Service
Social Advocates for Youth Santa Rosa, San Diego, Goleta, Calif.	West	Community (8 local offices)	Autonomous	Voluntary	Pre-Delinquent Youth	Case Service
West Nashville Youth Services Nashville, Tenn.	South	Neighborhood Catchment Area	Tenn. Dept. of Mental Health	Federal (YDDPA/HEW) 80% State 20%	Families & Children, primarily 10-18 (Poor, white catchment area)	Case Service

TABLE 1--Continued

Agency	Target Systems	Program	Date Established	Type of Staff	Advocacy Role
Child Advocacy Program - Parent Child Center Boston, Mass.	All - primarily health and welfare systems	Needs identification Access Service Case Advocacy Class Advocacy (limited)	Feb. 1972	Mixed Indigenous Paraprofessional & Professional	Specialized
Child Service and Family Counseling Center Atlanta, Ga.	All	Direct Service Case Advocacy Class Advocacy (limited)	1905-1907 (Advocacy Program - Aug. 1971)	Mixed Professional (Social Work) & Paraprofessional	Non-Specialized
Citizen Advocacy Program Mt. Holly, N.J.	All	Direct Service provided by volunteers on 1-1 basis Case Advocacy	Jan. 1972	Volunteer	Specialized
Institute for Child Advocacy Los Angeles, Calif.	All - primarily school system	Access Service Case Advocacy Needs identification Class Advocacy (limited)	Sept. 1971	Indigenous Paraprofessional	Specialized
Minnesota Youth Advocacy Corps St. Paul, Minn.	All - primarily host agency (school) & juvenile justice system	Direct Service Case Advocacy Class Advocacy (Host Agency)	Jan. 1972	Professional (Education & Social Work)	Specialized (Internal)
New England Home for Little Wanderers Boston, Mass.	All	Direct Service Residential Treatment	1864 (No formal Advocacy Program)	Professional (Social Work) Some Para-professional	Non-Specialized
Social Advocates for Youth Santa Rosa, San Diego, Goleta, Calif.	All - primarily school & juvenile justice system	Direct Service provided by volunteers on 1-1 basis; Case Advocacy; Class Advocacy (limited)	March 1970 April 1971 Sept. 1971	Volunteer & Youth (Professional & Paraprofessional)	Non-Specialized
West Nashville Youth Services Nashville, Tenn.	All	Direct Service Access Service Case Advocacy; Class Advocacy (limited)	July 1971	Indigenous Paraprofessional	Specialized

00074

TABLE 1--Continued

Agency	Staff Deployment	Size			Organizational Autonomy
		Staff	Volume of Cases (1972)	Budget	
Child Advocacy Program - Parent Child Center Boston, Mass.	Staff assigned to 3 teams organized around substantive areas	10	300	$100,000	Component of larger organization
Child Service and Family Counseling Center Atlanta, Ga.	Staff assigned to 7 multi-function units in main office & 7 branch offices	107	8,000	$1½ million	Autonomous
Citizen Advocacy Program Mt. Holly, N.J.	Volunteers matched on 1-1 basis with clients	5 53 Volunteers	49	$48,000	Semi-Autonomous
Institute for Child Advocacy Los Angeles, Calif.	Staff organized around 5 target school districts	10	283	$124,000	Semi-Autonomous
Minnesota Youth Advocacy Corps St. Paul, Minn.	Staff assigned on individual basis to specific schools	24½	1,310	$435,000	Semi-Autonomous
New England Home for Little Wanderers Boston, Mass.	Staff assigned individual caseloads on basis of worker interest & agency need	112	1,000	$1½ million	Autonomous
Social Advocates for Youth Santa Rosa, San Diego, Goleta, Calif.	Volunteers matched on 1-1 basis with clients; staff have functional assignments related to expertise	Varies - approximately equivalent of 3-5 full-time staff	Varies - approximately 75-125	Varies - approximately $30,000 - $40,000	Autonomous
West Nashville Youth Services Nashville, Tenn.	Staff assigned to specific geographic area	7	238	$200,000	Semi-Autonomous

Table 1--Continued

Agency	Type of Board	Levels of Hierarchy	Locus of Decision-Making	
			Case	Policy
Child Advocacy Program - Parent Child Center Boston, Mass.	Professional Advisory (Host organization has community board)	4	Individual/Team	Administration
Child Service and Family Counseling Center Atlanta, Ga.	Traditional Board of Directors	4-5	Team / Unit Manager	Board
Citizen Advocacy Program Mt. Holly, N.J.	Advisory (Professional)	2	Volunteers	Administration
Institute for Child Advocacy Los Angeles, Calif.	Community board in formation	3	Combination Supervisor & Staff	Administration
Minnesota Youth Advocacy Corps St. Paul, Minn.	———	4	Varies - Staff primarily	Administration Funding Body
New England Home for Little Wanderers Boston, Mass.	Traditional Board of Directors	4	Staff	Board
Social Advocates for Youth Santa Rosa, San Diego, Goleta, Calif.	Small, local board	2	Volunteers/ Staff	Administration
West Nashville Youth Services Nashville, Tenn.	Community Advisory Board	3	Staff	Administration

91000

specific agencies, an attempt was made to introduce variability with regard to the matters of size, location, sponsorship (auspices and funding), population served, organizational structure, target systems, program goals, advocacy role (specialist or generalist), and type of staff. Since the agencies included in the final sample had all participated in the baseline study (with the exception of the child welfare agency discussed below), it was possible to classify them according to these variables before making the final selection. Table 1 presents a list of the total sample classified in this manner.

In view of the diversity of child advocacy programs and the many variations in background and training of practitioners in this field, it seemed desirable to obtain incidents from as many different sources as possible; on the other hand, because of the time limitations of a funded study, there was an obvious limit to the number of advocates who could be trained to participate within a reasonable period of time. Therefore, the researcher originally arrived at a compromise goal of collecting weekly incidents from four practitioners in each of six agencies over a three-month period. However, after the participant observation phase was eliminated from the study, it was determined that a somewhat larger number of agencies could be asked to participate.

Initially, twelve agencies which had been included in the baseline study were asked to participate in this

study. Of this original group, one refused immediately, one refused after a two-month period of discussion, and three refused after initially agreeing to participate. In giving reasons for their refusals the director of the first program stated that he did not feel his staff engaged in enough case advocacy to participate; the directors of the other programs concluded that they or their staff members did not have sufficient time to take on this additional task. Therefore, the researcher originally started data collection in a total of seven agencies (one of which was a federation with three semi-autonomous local offices participating). There were no specialized child welfare agencies included in the original sample because there were none in the base-line study. However, the researcher later decided that this was an unnecessary limitation and decided to include one such agency that was known to engage in extensive case advocacy. Hence, there were eight agencies in the final sample.

With the exception of one agency, the agencies which withdrew from the original sample were quite representative of the total group, so it seems unlikely that the sample loss had any significant influence on the findings. The one exception was a program of internal advocacy in a state school for the retarded. Since the sample included only one other program of internal advocacy in which the primary target system is the agency employing the advocate, the loss of this agency meant that there could not be as many incidents

of internal advocacy reported as the researcher had originally hoped. Because there are so few programs of internal advocacy in operation, it was not possible to substitute for the loss of this agency; yet this loss did create a limitation on the findings of the study.

Very early in the study, it was learned that it was unrealistic to ask for four participants in each agency since there was not a sufficient number of staff or volunteers in some programs, and in others the director was reluctant to select a limited number. Therefore, depending on the setting, the number of participants in each program ranged from two to nine (in the federation of agencies mentioned earlier). Since the goal was to obtain a range of incidents rather than a representative sample, this change in selection of informants did not create any particular problem.

Collection of Data

In October and November of 1972 form letters were written to the directors of the agencies selected to participate in the study soliciting their cooperation (See Appendix for example of form letter). The researcher then called these directors to answer their questions and arrange meeting times.

From November 1972 to January 1973 the researcher held one and a half to three-hour meetings in each agency with the advocates who had agreed to participate in the study.

(Negotiations with the staff at New England Home for Little Wanderers were not completed until March.) During these meetings the writer explained the purpose of the study and answered general questions. She then distributed folders containing the information sheet for respondents (Appendix B), a sample critical incident report form (Appendix C), and a number of blank forms, return envelopes, and bills. After giving the participants time to read this material, a volunteer was asked to present one incident as an example of an advocacy intervention. The researcher used this incident to solicit questions and to illustrate the type of information which was being sought. At this time a background information sheet was also distributed for respondents (See Appendix D). In some agencies, participants completed this form during the actual meeting, and in others they were asked to return this by mail. Generally, the researcher found that participants seemed willing to participate in the study and appeared clear about the type of information they were being asked to submit. In each agency, respondents were told that they could begin submitting incidents immediately.

During the data collection phase, the researcher discovered that with few exceptions, the reports submitted were appropriate and complete. Therefore, instead of calling the participants biweekly as originally planned, they were called only when there was some question about a particular report. However, all respondents were called at least once to acknowledge receipt of their reports, to indicate that the information

00080

they had submitted was satisfactory, and to encourage their continued participation in the study.

A major problem which arose during the data collection phase was that the reports simply were not submitted as quickly and as frequently as had been anticipated. None of the participants submitted reports weekly, some sent only one or two reports, and seven who had agreed to participate did not send any reports. (It should be noted that the participants in volunteer programs, most of whom have only one client, had explained at the start that they would not have enough incidents to report on a weekly basis; and three of them did not engage in any advocacy during the study period.)

The researcher tried to deal with the data collection problem in a number of ways. First she called the directors of those agencies which had submitted very few incidents and asked them to discuss this with their staff members. Then she made individual calls to all those who had agreed to participate. Almost without exception, they responded that they had not had time for this yet, but would send reports as soon as possible. (One respondent explained that she had been transferred to a different position where she would have little opportunity to engage in advocacy.) This appeal to individual respondents did produce a limited number of new incidents; but since the reports were still trickling in, the researcher sent a memorandum to all participants on

February 15, 1973, making some general comments and asking for suggestions about this problem. (See Appendix F) Once again the results were discouraging. Most of those who responded were participants who had already submitted at least some reports. Some said that despite the promise of payment, they found report-writing a chore and tended to procrastinate; however, they had noted incidents as they occurred and would submit reports as soon as possible. A couple of the participants explained that they often had several incidents in one week and then might go several weeks without any incidents. Some said they simply had not had additional advocacy incidents to report, but that they would continue to submit reports when such incidents occurred. Several of this group said that they could submit more reports if they could describe incidents which occurred prior to the starting date of this study. Finally, two federally-funded agencies had recently been instructed to shift the emphasis of their program so that staff members were not engaging in case advocacy on any regular basis and could report only on past incidents.

There are several possible explanations for the data collection problem. First, it may be that the staff in these agencies are simply not engaging in as much advocacy as is generally assumed. Kamerman, for example, discovered that it takes approximately eighteen months to two years for community based advocacy projects to become fully

operational[1]; and at the time of this study, only one of the agencies in the sample had an advocacy project which had been established longer than two years. Second, negotiations regarding participation in the study were conducted during the transition period between the November election and the start of President Nixon's second term in office, at which time major budget cuts were announced. Therefore, during the data collection period, the programs which were operating at least in part on federal funds were experiencing great uncertainty as to their continued existence and future program emphases. For example, one of the agencies which withdrew from the study was forced to close, and another was forced to reduce its operations substantially. As a result, participation in a study such as this obviously took low priority for staff members as well as administrators. Third, studies employing the critical incident technique in the social work field in the past have all been conducted by researchers who were working in the same agency as the respondents or who held some sanction over them. (The one exception is the study conducted under the auspices of the Council on Social Work Education in which respondents were asked to complete reports on only one occasion during a regular staff meeting.) Without this immediate access or sanction, the researcher anticipated some difficulty in data collection and, as mentioned earlier, arranged

---

[1]Kamerman, op. cit., pp. 121-124.

to pay the respondents. However, payment was obviously not an adequate incentive to insure sustained participation. Therefore, in future research one would want to re-examine the utility of the critical incident approach in a study such as this.

Although the respondents had originally been told that the reporting period would end on April 1st, by early March only about 85 incidents had been received. Therefore, the researcher was forced to make several compromises in the study design. First, the reporting period was extended to April 20th. Second, guidelines for reporting incidents were modified to permit respondents to report on more than one incident in a given week and to describe incidents from the past about which they had sufficient recall. Third, respondents were told that they could give their reports verbally. Finally, because of the time limits inherent in a funded study, the researcher had to make do with a smaller total number of incidents than originally planned. It should be noted, however, that before setting the final deadline for reports, the researcher conducted a preliminary analysis of 125 incidents. Since the last 25 incidents received revealed only one technique which had not been identified previously, it seemed that a saturation point was being approached. Therefore, although the sample size does create a limitation on the study, it may be that the subject does not require as large a sample as the researcher had originally projected.

One would, of course, prefer to make as few of these compromises in study design as possible. However, in such a new and diffuse field as child advocacy, these compromises seemed not only unavoidable, but also justifiable in view of the exploratory nature and ultimate objectives of the study. The only alternative would be to abandon any attempt at systematically ordering the advocacy process until the field is more fully developed and organized. Extending the data collection period and permitting the respondents to report verbally did not seem to have any significant influence on the type of incidents reported. The more serious modification in study design arose from the decision to allow respondents to report on past incidents and on more than one incident in a given week, as this allowed respondents to determine on a very subjective basis what incidents they would report. A comparison of these incidents with those reported on a regular weekly basis did not indicate any major differences in the type of incidents reported. However, out of a total of 163 incidents of advocacy, only 23 unsuccessful incidents were reported. In view of the known difficulties of advocacy, it seems highly unlikely that this sort of success rate is representative of the total practice of child advocacy. Therefore, one can only assume that the respondents, whether consciously or not, tended to select successful incidents to report. Since the study was not intended to draw any conclusions about the components of effective versus ineffective advocacy, this bias may not

be as serious as it at first appears. However, since it seems likely that this bias limited the range of interventions reported, it does constitute a limitation on the degree to which the study findings can be generalized.

Methods of Data Analysis

Several methods of data analysis were employed in this study. The original design called only for inductive analysis of the incidents reported in order to develop a classification scheme of techniques employed in child advocacy. It was then projected that the data analyzed in this way would be examined in relation to organizational characteristics of the agencies and the background of the respondents in the study sample.

After the first 25 or so incidents were received, however, it was decided to revise this plan of examining only the advocacy techniques in order to make full use of the rich data being reported. Consequently, a coding scheme was devised to standardize the data in relation to such variables as type of client, source of problem, goals, target system, time and staff investment in advocacy, use of outside resources, etc.

A first year graduate student in social work who had some knowledge of the child advocacy field was then hired and trained to code the incidents. The researcher also re-coded 10% of the incidents in order to check for reliability. Because the original research instrument was

not designed for this type of analysis, the questions were very open-ended and coding had to be done on a very subjective basis. Consequently, the reliability error was 14.5% on a total of 110 items; and all efforts to improve this rate of error proved futile. Therefore, the researcher abandoned the attempt to correct this further and introduced an additional method of data analysis described below. Although this is a very high error rate, this method of analysis did help to standardize the data sufficiently to permit description of a number of variables which could not have been considered otherwise. Because of the high rate of error, however, the researcher decided that any measures of statistical significance would be invalid and that analysis of this portion of the data must be limited to a description of frequencies.

A second procedure in data analysis was the coding of the background information sheets. This was a much easier task since many of the items were precoded on the questionnaire. The researcher re-coded 50% of these questionnaires to test reliability and discovered a 5.1% uncorrected error rate on a total of 35 items. These variables were then also analyzed in a descriptive fashion.

A third procedure in data analysis was to code organizational characteristics of the agencies in the sample on the basis of information gathered in the baseline study, the evaluative study of community-based child advocacy programs, and interviews with program directors.

The most important and time-consuming method of data analysis introduced in part because of the high rate of error in the deductive method of analysis described above, was an inductive analysis of each incident. This was conducted to determine what techniques were employed and what were the most significant variables in these incidents. In order to do this, the researcher examined each group of 25 incidents and developed tentative classification schemes based on the information presented in these reports. She then employed two doctoral students in social work who had extensive experience administering advocacy programs and asked each to examine a group of 25 incidents in order to develop a classification scheme based on independent analysis of the reports. Finally, after meeting with these consultants and integrating their suggestions with her own analysis, she developed a classification scheme based on what appeared to be the twelve most critical factors in the advocacy interventions reported.

Each incident was examined by the researcher in conjunction with the two consultants to determine if it met the specified criteria for child advocacy. The 163 incidents which met these criteria were then coded again by the conference method according to the classification scheme which had been inductively derived. Frequencies were computed for each of the variables in this classification scheme.

The final procedure in data analysis was to examine the advocacy methods so identified in relation to the other variables in the classification scheme and to compute measures

of association among these variables and the organizational and respondent variables described earlier. These findings were used in conjunction with the inductive analysis of advocacy incidents to analyze the major dynamics of the advocacy process.

00039

CHAPTER IV

DESCRIPTION OF SAMPLE

As discussed previously, in selecting the sample an effort was made to secure the cooperation of child advocacy programs which represented a range in terms of such characteristics as program goals, auspices, organizational structure, staffing patterns and geographic location. Table 1 in Chapter III describes the sample agencies classified according to these and other selected variables. This chapter will present a capsule description of each program, followed by a description of the background and experience of the child advocates who participated in the study.

Child Advocacy Project, Parent-Child Center Boston, Massachusetts

The Child Advocacy Project of the Boston Parent-Child Center is one of seven such programs funded by the Office of Child Development/U.S. Department of Health, Education and Welfare in 1972 to add an advocacy component to existing Parent and Child Centers. The Parent and Child Center program, established in 1967 as a downward extension of Head Start, was designed to provide coordinated health, educational and social services to low-income families with children under three. The advocacy components were added as a means

of assessing the needs of all children under five within the target areas; identifying, coordinating and mobilizing available resources; and developing new services or resources when necessary.

The Boston Child Advocacy Project is located in a primarily black, low-income area of the city. The project is visualized as serving a mediating function between the target population and the service resources of the community. In order to accomplish this, the staff are attempting to educate the community about services available and the means to obtain them, while at the same time they are attempting to inform the providers of service about the needs of the community, and gaps, duplications, and deficiencies in service. They see themselves essentially as change agents, working to make service systems more responsive to the needs of the people and to educate community residents to become their own advocates.

The staff is divided into three teams, the leader of each being a professional with a different specialty. The two outreach workers on each team are indigenous paraprofessionals. The outreach workers canvass local neighborhoods in order to identify needs, link people with appropriate resources, and initiate any necessary case advocacy. At the same time they are expected to provide their team leaders with information and documentation about unmet needs. The team leaders, who have each formed committees of

representatives from local agencies related to their particular specialties (health, education or welfare), attempt to resolve the problems identified by the outreach workers, either by exchanging information and ideas within their committees or by organizing the committee members to engage in class advocacy.

The Boston Child Advocacy Project has also formed an advisory board composed of the heads of agencies, political leaders, and influential citizens. This board is used as a mechanism for dispensing information and creating concern about community needs, as well as a support base for the advocacy activities of the project.

Child Service and Family Counseling Center
Atlanta, Georgia

Child Service and Family Counseling Center in Atlanta, Georgia is a voluntary multi-service agency which was formed by the merger of two well-established child welfare and family service agencies in 1969. The agency had one main office with seven branch offices, a staff of 107, and a budget of 1.5 million dollars in 1972. (Because of the recent cut-backs in Title IVA funding, agency operations have been reduced slightly since that time.)

The agency is organized into seven multi-functional units, each of which is headed by an experienced social worker and is composed of professional, paraprofessional, and indigenous staff. The staff carry out a program of individual

and family counseling, group work, child welfare services, and family life education. In 1972 the agency served approximately 8,000 clients.

The agency initiated a family advocacy program in 1971 in accordance with the recommendations of the national office of the Family Service Association of America. The goal of the program is to improve social conditions directly affecting family life and the welfare of children. Advocacy is carried on at four levels: 1) case advocacy by the social work staff; 2) case advocacy by the agency board or administration; 3) class advocacy with or on behalf of groups of clients; and 4) class advocacy through joint efforts with other community agencies and organizations.

Rather than hiring advocacy specialists, the decision was made to encourage direct service staff to take on advocacy functions. Therefore, most of the advocacy in the agency is carried out by staff acting in their ongoing professional roles. In addition, staff and board advocacy committees have been formed to receive recommendations from the staff about problems requiring class advocacy and to determine what further action should be taken by whom to correct the problems so identified.

Citizen Advocacy Program
Mt. Holly, New Jersey

The Citizen Advocacy Program was established in January 1972 with a grant from Social and Rehabilitation Services/

U.S. Department of Health, Education and Welfare. The project, which is under the auspices of the New Jersey Association for Retarded Children, is designed to assist neurologically handicapped children and adults through the provision of volunteer services.

The program has adopted the citizen advocacy model first developed by Wolf Wolfensberger in Lincoln, Nebraska.[1] This model, which is based on the premise that handicapped individuals should be aided in the process of "normalization," suggests that volunteers working on a one-to-one basis with client "proteges" are best able to understand and fight for the rights of the handicapped because they are not constrained by the vested interests common to all professionals.

The Citizen Advocacy Program is located in a semi-rural section of the state and serves individuals within a tri-county area. A staff of five administer the program which has arranged approximately fifty matches between volunteers and proteges. The volunteers provide companionship and direct services to their individual proteges, taking on a case advocacy function whenever this seems necessary. Although the volunteers are expected to take on the needs of their proteges as if they were their own and to act only in accordance with the wishes of the proteges, their ultimate goal is to help handicapped individuals who were formerly

---

[1] Wolfensberger, op. cit.

institutionalized maintain themselves in as normal a way as possible within the community.

Institute for Child Advocacy
Los Angeles, California

The Institute for Child Advocacy was established in 1971 with a joint grant from the Bureau of Educationally Handicapped and the National Institute of Mental Health/ U.S. Department of Health, Education and Welfare. The project, which is located in a primarily black, low-income area of the city, is administered under the auspices of the Central City Community Mental Health Center.

The project was developed in an attempt to identify priority needs of children within the community and to generate pressure for the enhancement of existing services and the development of new resources. The basic goals of the program are to identify the needs of children and families in the community, to advocate to meet the needs of these children, and to disseminate information on children's services.

The project is administered by a professional with experience in community organizing and has a full-time staff of nine paraprofessional workers. During the first year of the project, the staff concentrated on providing information, referral, case advocacy and direct service to individuals identified through an outreach program. At the same time they conducted a survey of available resources in

the community. During the second year, the decision was made to concentrate effort on the school system. Consequently, the staff are now engaged in creating community task forces to work on issues which the community has identified as having high priority such as the development of delinquency prevention and recreation programs. At the same time some of the staff have been assigned to work in specific schools within the target area in an attempt to create a link between the schools and the community at large.

Because children's issues tend to have low priority in an area which is overwhelmed by economic problems, the project has had difficulty creating community interest in the concept of child advocacy. However, they have recently created a council composed of ten agency representatives and ten community residents and are working toward transferring policy-making responsibility to this body.

Minnesota Youth Advocacy Corps
St. Paul, Minnesota

The Minnesota Youth Advocacy Corps was established in January 1972 under the auspices of the State Department of Education. The project has an annual budget of $435,000, which is funded by a grant from Law Enforcement Assistance Administration and matching state and local funds.

The project was stimulated by concern for the youths released from state correctional institutions who had greatly increased their learning skills while in custody but tended

to drop-out or be pushed out of local public schools shortly after their return to regular classrooms. The initiators of the program felt that if the educational climate for these youths could be improved by giving staff help to the public schools, the youths would have a better chance of sustaining the gains they had made while in custody. Consequently, the original plan for the Youth Advocacy Corps envisioned that the advocates would work primarily with youngsters returning from correctional institutions. In the process of implementation, however, it was discovered that school administrators were equally concerned about pre-delinquent and probationary youths and that the juvenile courts were beginning to concentrate on maintaining these youngsters in the community rather than taking them into custody. Hence, the Youth Advocacy Corps expanded its basic objectives to include the provision of educational and counseling services to pre-delinquent and probationary youths as well as to students released from correctional institutions.

In addition to providing direct service to these youngsters, the staff in the program provide consultation to school officials, parents, and community agencies, and engage in extensive brokerage and case advocacy within the school and in the larger community.

The Youth Advocacy Corps has a staff of 26½ education and social work professionals who are located in public junior and senior high schools in Duluth, Minneapolis, and St. Paul

Minnesota. Since this is primarily an internal advocacy program, in which the staff work under the immediate jurisdiction of local school administrators, the project staff are assigned only to school systems desirous of their services. Because the program is administered by the State Department of Education, however, the staff occupy rather marginal roles within the local school system and are allowed a great deal of autonomy in their work.

New England Home for Little Wanderers
Boston, Massachusetts

New England Home for Little Wanderers is one of the oldest child welfare agencies in the country. It is a voluntary, non-sectarian agency serving approximately 1,000 children in the greater Boston area. The annual budget of 1½ million dollars is drawn in almost equal parts from its endowment, contributions, and fees for service.

The primary program emphasis is on emotionally disturbed children for whom the agency maintains four residential treatment units. In addition the staff provide a variety of other child welfare services including foster care and adoption, recreation and activity groups, and parent-child counseling.

The agency does not have any formal advocacy program, although the administration is active in a number of community social action programs. Case advocacy is, however, defined as an integral component of the social work role

and staff are encouraged to engage in advocacy when the need arises in relation to their work with individual clients.

The agency is organized in a fairly traditional social work pattern in that there are two major divisions (casework and group work), and the workers within each division are accountable to their immediate supervisors who are in turn accountable to the director of their division. Because of the strong therapeutic emphasis of the agency, the casework staff carry relatively low caseloads of an average 12-15 cases for which they have total responsibility. The social work staff is composed almost entirely of highly skilled and experienced professionals, although a few paraprofessionals have been hired recently. The staff generally perceive their primary responsibility as the provision of intensive individual treatment, but they are allowed great autonomy in their work and are free to engage in any case advocacy which seems appropriate.

The agency occupies an old, highly respected position in the community and the members of the board of directors are generally elite, rather influential citizens. Consequently, the staff have a relatively strong support base when they do engage in advocacy.

Social Advocates for Youth
San Francisco, California

Social Advocates for Youth is a federation of eight semi-autonomous community-based delinquency prevention

programs. The agency was established in March 1970 with the goal of reducing juvenile delinquency rates through the provision of alternative services to delinquent and pre-delinquent youths.

The primary program emphasis is the provision of direct service and case advocacy by volunteers working on a one-to-one basis with youths identified as manifesting problem behavior by the school and/or juvenile justice systems. In addition to administering the volunteer program, the staff of the local offices provide individual and family counseling services and engage in case and class advocacy in relation to local service systems.

The central office of Social Advocates for Youth provides seed money to local projects and is responsible for hiring and training the local administrators. In addition, it provides ongoing consultation and is attempting to develop an information exchange system for the local projects.

The local offices each have a small board of directors composed of influential citizens who are responsible for raising funds and providing sanction for the agency in the community. Policy determination and project administration are, however, the responsibility of the directors and staff of the local offices, most of whom are youths in their twenties who have knowledge and experience in the local community. The staff are primarily college graduates, although a number also have professional degrees in education,

counseling, and social work.

The three projects which participated in this study are located in Santa Rosa, Goleta, and San Diego, California.

West Nashville Child and Youth Services
Nashville, Tennessee

West Nashville Child and Youth Services was established in July 1972, with a grant from the Youth Development and Delinquency Prevention Administration/U.S. Department of Health, Education and Welfare. The program is administered through the Tennessee Department of Mental Health which also provides 20% of the funding. During the first year of the program, there was one neighborhood project which had extensive administrative, research, and training components. During the past year, these functions have been transferred to a central office and four additional community projects have been established in various areas of Nashville. Since the original project was the only one which participated in this study, this is the only project described in this section.

This is a community-based program located in a low-income, white neighborhood. Although the project is funded under the rubric of delinquency prevention, it has a total child development focus and provides services to all children and families within the target area. The three basic objectives of the agency are crisis intervention with children in need of immediate help, outreach services which fill a

preventative function for high-risk parents and children, and enhancement of existing service systems in the community.

The project has a staff of seven indigenous para-professional workers who provide outreach, counseling, brokerage and case advocacy services. The staff is trained and administered by a child development consultant.

The project has a local advisory board composed of citizens identified by the staff as indigenous community leaders. It is projected that as this board gradually assumes policy-making responsibility for the project, it will begin to take on more extensive class advocacy functions.

Respondents

According to the background information form (Appendix D) the 39 respondents who supplied advocacy incidents represent a wide range in terms of personal background, education and experience. Two-thirds (26) of the respondents are females and one-third (13) are males. They range in age from 16 to 40 plus, but the majority (59%) are in the 21-29 age group. They are almost evenly divided between those who are married (20) and those who are single (15) or divorced (3). They are predominantly white (25), but approximately one-third are from minority groups. The vast majority (31) either reside or formerly resided in the community served by the agency. Their incomes are relatively

low with almost one-third (12) earning less than $5,000 per year and only two earning more than $12,500 per year.

The group is almost evenly divided between those who have graduated from college or beyond (20) and those who have not; however, there is a wide range in that 15% (6) have less than a high school education, and over one-third (14) have a master's degree or beyond. Of those who had advanced study, the overwhelming majority (19) majored in one of the social sciences. Slightly over half of the group (21) had some kind of specialized training in advocacy, most of which was agency-based.

All except two had previously worked in some other position. The largest single group were those who worked in some type of counseling capacity (12); however, nine had experience in teaching, and the remainder had a variety of experiences in child care, community organizing, office work, military service, skilled and unskilled labor. In addition, approximately one-fourth (10) mentioned significant volunteer experience. In terms of their current positions, the vast majority are direct service workers (29), five work in a supervisory or administrative capacity, three are volunteers, and two are students. The longest period of time employed by the current agency was six years, but only four have been employed longer than two years, and over half (21) have been working in their present capacity less than one year.

00103

In response to a question about experiences in their background which were especially helpful in their work as advocates, over half (23) mentioned previous work or volunteer experience. Another sizable group (16) mentioned general life experiences, frequently citing personal problems (5), residence in or knowledge of the community (8), and experience as member of a minority group (6). Only 10% (4) mentioned education or training.

Table 2 below presents these findings in detail.

TABLE 2

BACKGROUND OF RESPONDENTS

Age

	Number	Percent
20 or under	1	2.5
21-29	23	59.0
30-39	10	26.0
40+	5	12.5
Total Number Responding	39	100.0

Race or Ethnic Group

	Number	Percent
White	25	65.8
Black	12	31.6
Chicano	1	2.6
Total Number Responding	38	100.0

TABLE 2--Continued

Marital Status

	Number	Percent
Single	15	39.5
Married	20	52.7
Separated or Divorced	3	7.8
Total Number Responding	38	100.0

Residence

	Number	Percent
Within Area Served by Agency	22	56.4
Formerly Within Area	8	20.5
Outside	9	23.1
Total Number Responding	39	100.0

Parents' Occupation
(For Those Under 30 Only)

	Number	Percent
Professional	5	31.2
Business/Office Work	5	31.2
Skilled Trade	4	25.0
Unskilled Work	1	6.3
Military	1	6.3
Total Number Responding	16	100.0

Income

	Number	Percent
Under $5,000	12	34.4
$5,000-$7,499	7	19.0
$7,500-$9,999	9	24.3
$10,000-$12,499	7	19.0
$12,500 +	2	5.3
Total Number Responding	37	100.0

TABLE 2--Continued

Education

	Number	Percent
Less than 12th grade	6	15.8
High School Graduate	4	10.5
Some College	8	21.0
College Graduate	4	10.5
Some Graduate Work	2	5.3
Master's Degree	12	31.6
Post-Master's Study	2	5.3
Total Number Responding	38	100.0

Field of Concentration
(For Those With Advanced Study Only)

	Number	Percent
Education	2	7.7
Social Welfare	12	46.2
Psychology	4	15.4
Humanities	3	11.5
Other (Business, Law, Nursing, etc.)	5	19.2
Total Number Responding	26	100.0

Specialized Training in Advocacy

	Number	Percent
In-Service Training (Current Agency)	14	47.6
School-Based	2	6.9
Combination Agency and School	2	6.9
Other	3	10.3
None	8	27.3
Total Number Responding	29	100.0

TABLE 2--Continued

Prior Work Experience

	Number	Percent
Casework, Counseling, etc.	12	20.3
Teaching	9	15.3
Child Care, Recreation	10	17.0
Office Work, Business	8	13.6
Skilled Trade	6	10.2
Unskilled Work (Factory, Waitress, etc.)	6	10.2
Community Organizing	4	6.8
Other	2	3.3
None	2	3.3
Total Number Responding	*59	100.0

(*20 of the respondents worked in more than one field.)

Current Position

	Number	Percent
Direct Service Worker	29	74.4
Supervisor, Administrator	5	12.8
Volunteer	3	7.7
Student	2	5.1
Total Number Responding	39	100.0

Work Status

	Number	Percent
Full-Time	31	79.5
Part-Time (Includes Students and Volunteers)	8	20.5
Total Number Responding	39	100.0

Length of Time in Current Position

	Number	Percent
3 Months or Less	2	5.7
4-6 Months	7	20.0
7-12 Months	12	34.3
1-2 Years	10	28.6
More Than 2 Years	4	11.4
Total Number Responding	35	100.0

00107

Distribution

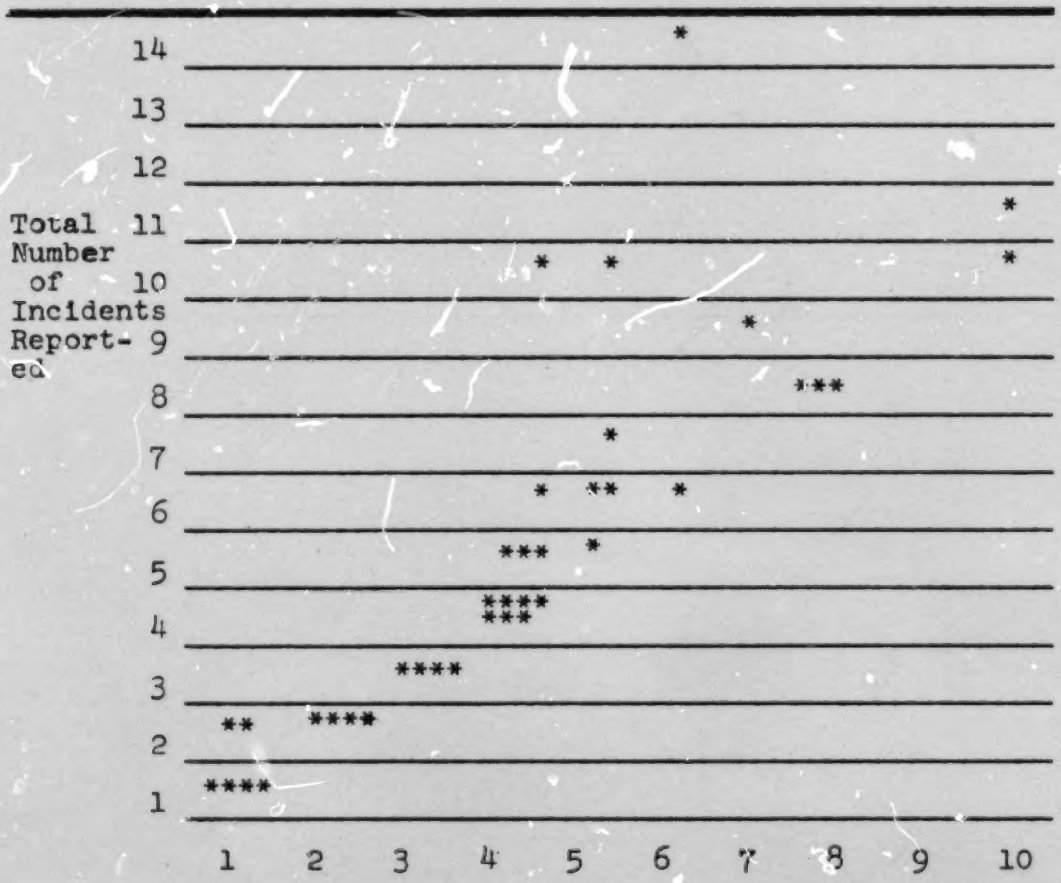
Of 195 incidents reported by the 39 advocates participating in the study, a total of 163 were determined to meet the criteria specified for child advocacy. (Those reports which could not be used in the final analysis were almost all incidents in which the respondent did not engage in any deliberate intervention with the target system, but rather provided simple information and referral.)

The number of incidents reported by individual respondents range from one to fourteen; and the number of incidents included in the final analysis ranged from one to ten. Table 3 presents a frequency distribution showing the total number of incidents reported and the total number of incidents included in the final analysis by the number of advocates in each category.

As can be seen in this table, almost half (19) of the advocates reported between four and six incidents. Although fourteen of the respondents reported one or more incidents which did not meet the criteria specified for child advocacy, almost all of these were submitted in the early phase of data collection. After further clarification by telephone with the individual respondents, they seemed to have no difficulty understanding the definition of child advocacy and selecting incidents which met the criteria specified. Only six respondents reported more than one incident which could not be considered a clear example of child advocacy; and over half of the sample loss (18 incidents) was due to

TABLE 3

NUMBER OF INCIDENTS REPORTED AND NUMBER INCLUDED IN FINAL ANALYSIS BY RESPONDENT



three respondents who each reported ten or more incidents and submitted them in one mailing, so there was no time for the investigator to correct their perception of the type of incident being sought.

The total number of incidents submitted from each of the agencies in the sample ranged from seven to thirty-six; and the total number of incidents utilized in the final analysis ranged from seven to twenty-seven. (The one agency which was clearly underrepresented in the final sample was the Citizen Advocacy Program. This was unfortunate, but unavoidable, since the agency program is primarily a volunteer one in which each volunteer works with one client; therefore, although six volunteers had originally agreed to participate in the study, only two engaged in any advocacy during the study period and these two had only a limited number of incidents to report.)

Table 4 presents a frequency distribution for each of the sample agencies showing the total number of respondents, the total number of incidents submitted, and the total number of incidents included in the final analysis.

In summary, it should be noted that despite the withdrawal of several agencies originally selected to participate in the study and the difficulties in data collection discussed in Chapter III, the participants in the study work in a variety of agency settings and represent a wide range in terms of their personal background and experience. Hence, although the incidents included in the study

TABLE 4

NUMBER OF RESPONDENTS AND NUMBER OF INCIDENTS SUBMITTED FOR EACH SAMPLE AGENCY

Agency	Respondents		Incidents Submitted			Incidents Included in Final Analysis		
	Number	Percent	Number	Mean	Percent	Number	Mean	Percent
Boston Parent-Child Center	5	12.8	36	7.2	18.5	21	4.2	12.9
Child Service and Family Counseling Center	4	10.3	23	5.8	11.8	22	5.5	13.5
Citizen Advocacy Program	2	5.1	7	3.5	3.6	7	3.5	4.3
Institute for Child Advocacy	4	10.3	26	6.5	13.3	18	4.5	11.0
Minnesota Youth Advocacy Corps	4	10.3	23	5.8	11.8	23	5.8	14.1
New England Home for Little Wanderers	4	10.3	23	5.8	11.8	23	5.8	14.1
Social Advocates for Youth	9	23.1	24	2.7	12.3	22	2.4	13.5
West Nashville Child and Youth Services	7	17.9	33	4.7	16.9	27	3.9	16.6
Totals	39	100.0	195	5.0	100.0	163	4.2	100.0

001111

do not in any way constitute a random sample of advocacy practice, they do represent great diversity in regard to the education, work and life experience of the respondents and the geographic location, program goals, organizational auspices and structure of the agencies within which the incidents took place. Without the financial support of the Office of Child Development, it would not, of course, have been possible to examine such a wide range of advocacy practice. Since it was possible to tap this breadth of experience, however, the fact that certain common themes could be discerned among such diversity tends to lend credence in the study findings and to suggest their applicability for the broader field of child advocacy.

00112

CHAPTER V

OVERVIEW OF INCIDENTS

This chapter presents an overview of the 163 incidents of child advocacy submitted by the study respondents. The findings reported here reflect the preliminary analysis of the incidents conducted before the classification scheme was developed and are based entirely on the advocates' perception and reporting of the incidents. The intent in this chapter is to present a phenomenological description of the incidents included in the study; the following chapter will present a conceptual analysis of the major variables in the advocacy process.

As discussed in Chapter III, because of the open-ended nature of the research instrument, there was a reliability error of 14.5% in the coding of these variables; and, of course, the incidents reported do not in any way represent a random sample of advocacy interventions. Therefore, the frequencies reported can only be viewed as suggestive of some of the dimensions of child advocacy.

Description of Clients

In regard to the type of client on whose behalf the advocates acted, it was noted that 93 (57.1%) were individuals and 54 (33.1%) involved a parent and child or family group. The remainder of incidents involved siblings,

peer groups, or substitute family units.

In those incidents in which the age of the children was specified (125), almost two-thirds (82) involved children aged five or under; and the remainder were in the 6-11 age group. Almost two-thirds (73) of the youngsters in those incidents in which sex was mentioned were males.

In those incidents in which client race was specified (116), just half (58) were whites, 42 were blacks, and the remainder were Chicano, Puerto Rican or Indian. Socio-economic status was indicated in 106 of the incidents. Approximately five-sixths (89) of these clients were poor, but only 18 (20%) of these could be considered what has frequently been labeled "multi-problem families." The remainder of the clients were almost evenly divided between middle and working class families.

In order to assess the degree of incapacity of the clients represented by the advocates, an attempt was made to determine the number and type of personal problems or client handicaps mentioned by the respondents. The client problems were identified as follows: physical illness or disability, 26 (16.0%); mental illness, 8 (4.9%); retardation/learning disabilities, 19 (11.7%); emotional instability, 42 (25.8%); disturbance in family relationships, 65 (39.9%); delinquency/criminal charge, 45 (27.6%); drug addiction, 5 (3.1%); alcoholism, 7 (4.3%); school behavior problem, 60 (36.8%); other behavior problem(2), 6 (3.7%); inadequate

income, 60 (36.8%); inadequate education/job training, 46 (28.2%); other, 30 (18.4%). (These categories are, of course, not mutually exclusive as many clients exhibited more than one handicap.)

Reasons for Advocacy Intervention

An attempt was made to categorize and tabulate the sources of the problems requiring intervention by the advocates. Table 5 summarizes these findings. Since the attempt was made to identify as many problem sources as possible, the categories in the table are not mutually exclusive. Hence, the total number of problem sources identified was 399 which yields a mean of 2.4 per incident.

Goals

Effort was also made to identify and categorize the advocates' goals in the incidents reported. In the same way that many incidents had more than one problem source, so many involved more than one goal. Hence, there were a total of 747 goals identified or a mean number of 4.6 per incident. The results of this analysis are summarized below in Table 6.

Source and Extent of Advocate Involvement

In regard to referral source, it was noted that 76 (46.6%) of the incidents involved clients with whom the advocate had an ongoing relationship. The other primary reasons for advocate involvement were referral by another

TABLE 5

REASONS FOR ADVOCACY INTERVENTION

PROBLEM SOURCE	Number	Percent of Total (N=163)
Lack of Community Resources (No Existing Social Provision)	5	3.1
Inadequate Resources (Waiting lists, staff shortages, etc.)	20	12.3
Lack of Case Integration	18	11.0
Unreasonable Policy or Procedure	28	17.2
Failure to Carry Out Stated Policy or Procedure	14	8.6
Disputed Ruling or Decision	16	9.8
Disagreement between Client and Target System	27	16.6
Discrimination or Prejudice in Target System	11	6.6
Poor Quality Service	45	27.6
Lack of Responsiveness in Target System	81	49.7
Alleged Legal Violation	10	6.1
Parental Neglect or Incapacity	78	47.9
Other	46	28.2

(Categories are not mutually exclusive; therefore figures do not total 100%.)

TABLE 6

GOALS OF ADVOCACY INTERVENTIONS

GOAL	Number	Percent of Total (N=163)
Securing Information	105	64.4
Securing Admission or New Service from Target System	57	35.0
Maintaining Client in Program of Target System	34	20.9
Securing Additional or Improved Service	83	50.9
Securing Release or Discharge of Client from Target System	14	8.6
Compliance with Law	13	8.0
Enforcement of Stated Policy or Procedure	15	9.2
Reversal of Prior Ruling or Decision	32	19.6
Special Treatment (Exception to usual policy or procedure)	46	28.2
Change of Policy or Procedure	4	2.6
Change of Attitude or Behavior of Personnel in Target System	74	45.4
Change of Personnel	1	0.6
Case Integration	25	15.3
Program Coordination	1	0.6
Expansion of Existing or Development of New Community Resource	8	4.9
Maintaining or Enhancing Client's Level of Functioning	158	96.9
Strenthening or Improving Family Relationship	62	38.0
Change in Law or Interpretation of Law	1	0.6
Other	14	8.6

(Categories are not mutually exclusive; therefore figures do not total 100%)

social agency (20.9%) and parent referral (9.7%). Other sources of advocate involvement such as self and peer referral and advocate initiation were each involved in five per cent or less of the incidents.

Fifty-two (31.9%) of the interventions were conducted by telephone, 41 (25.2%) by personal meeting, and 43 (26.4%) by some combination of these. Only 6 (3.0%) involved any sort of written correspondence. The majority of incidents involved relatively little time investment on the part of the advocates. For example, only 35 (21.5%) incidents involved four or more contacts and only 32 (19.6%) of the problems took longer than a week to resolve. The largest single group of incidents, 61 (37.4%), involved only one contact with the target system, and an additional 46 (28.2%) involved only two contacts.

In 136 (83.4%) of the incidents, the respondents themselves made the decision to intervene; and in no case was the decision entirely that of the supervisor or agency administrator. Hence, it would appear that the advocates are permitted to function relatively independently. In regard to staff investment in the incidents, 151 (92.6%) involved only the advocate; other staff were involved in 8 (4.9%) of the incidents; supervisors were involved in only 3 (1.8%) of the interventions reported; and administration and board members were each involved in only one incident. Clients, however, were directly involved in 74 (44.2%) of the interventions. Also, the respondents utilized agency

consultants in 53 (32.5%) of the incidents. And they asked independent individuals or organizations to intervene in 39 (23.9%) of the incidents.

In describing the specialized resources employed for their advocacy, 109 (66.9%) indicated that they had specialized knowledge of the target agency which enabled them to intervene effectively. In contrast, only 29 (17.8%) mentioned that they required any specialized training for their interventions. Another 48 (29.5%) indicated that they needed a positive relationship with the target system to intervene successfully.

The advocates generally displayed a high degree of personal involvement in the incidents they reported. Only 4 (2.5%) said that their involvement was low or below average, whereas 99 (60.7%) indicated that their involvement was high or above average. Asked to account for their high degree of involvement, 119 (73.0%) mentioned their feelings for the client; 15 (9.2%) said that their feelings about the target agency influenced their involvement; and 50 (22.7%) mentioned their feelings about the type of incident involved. Only 7 (4.3%) described all three as influencing their involvement.

Target Systems

The types of target systems involved in the 163 reported incidents are described below in Table 7.

TABLE 7

TARGET SYSTEMS

TARGET SYSTEM	Number	Percent
Host Agency (Internal Advocacy)	16	9.8
Schools	47	28.9
Day Care Programs	2	1.2
Medical Facility	11	6.7
Mental Health Agency	1	0.6
Retardation Facility	3	1.8
Social Service Agency	14	8.6
Recreation Program	1	0.6
Church	1	0.6
Financial Assistance Program	17	10.4
Police	5	3.1
Court	9	5.5
Probation Department	12	7.2
Correctional Facility	1	0.6
Housing Authority/Landlord	8	4.9
Other Governmental Agency or Office	5	3.1
Private Individual or Business	4	2.5
Other	6	3.8
TOTAL	163	100.0

It was reported that more people from a wider range of positions in the target systems were involved in the incidents than were those in the advocate agency. For example, 86 (52.8%) of the incidents involved two or more individuals from the target system, whereas only 10 (6.1%) of the incidents involved more than one person from the advocate agency. Similarly, in terms of the range of people involved, 87 (53.4%) of the incidents involved supervisors, board members or others from the target system, whereas only 13 (8.0%) of the incidents involved anyone other than the respondent from the advocate agency.

The majority of the target systems were receptive to the requests of the advocates in that the respondents indicated that the target systems were somewhat or very receptive in 90 (55.2%) of the incidents and that they were somewhat or very unreceptive in only 23 (14.1%) of the incidents. Part of the reason for the receptiveness of the target systems may be due to the fact that a majority of the respondents, 92 (56.4%), had direct prior contact with the target agency, and only 5 (3.1%) had no prior knowledge of the system.

Results of Advocacy Interventions

Commenting on the effects of their interventions, (79.8%) of the respondents reported that they achieved at least partial success and another 12 (7.4%) indicated that some other satisfactory solution had been found or that they

were at least working on some alternative plan. Consequently, only 21 (12.9%) considered their intervention a total failure.

In discussing the reasons for their success, the largest number, 95 (58.3%), mentioned the responsiveness of the target system. Other major reasons offered for their success included knowledge of the target system, 45 (27.6%); influence with the target system, 45 (27.6%); prior relationship with the target system, 39 (23.9%); relationship with the client, 26 (16.0%); intervention of a third-party, 26 (16.0%); and simple persistence, 19 (11.7%). Legal sanction and the ability to pose a threat to the target system were each mentioned by only 6 (3.7%) of the respondents.

In suggesting reasons for their failure, the largest number, 11 (45.0% of the 25 who offered any reason for their complete or partial failure), mentioned their lack of power or influence in relation to the target system. Others indicated such reasons as lack of resources in the target or advocate agency, simple mishandling, discrimination in the target system, and third-party intervention.

Summary of Findings

From the findings discussed in this chapter, it can be seen that the clients served by the child advocates participating in this study were reasonably typical of the general population of social work agencies providing services to children and youths. In other words, the clients

were primarily individual children or family groups and the largest single group were adolescent boys. The client population was almost evenly divided between whites and minority group members. The overwhelming majority were from low-income families, but only a small percentage would be considered multi-problem. The clients were reported to display a high number of personal or behavior problems and in almost half the incidents, the respondents indicated that there was some degree of parental neglect or incapacity.

Almost all of the respondents were concerned about maintaining or enhancing the clients' present level of functioning; but their specific objectives in the incidents reported were primarily those of securing additional or improved service, changing the attitudes or behavior of personnel in the target system, or securing special treatment on the basis of individual client needs. The problems the target systems precipitating the advocates' intervention were primarily those of poor quality service, lack of responsiveness, unreasonable policies or procedures, and disagreement with the client. The interventions reported took place primarily at the staff or supervisory level and involved relatively little investment of time or energy on the part of the advocates. The majority of respondents had prior contact and adequate knowledge of the target systems; and since the target systems were generally responsive to their requests, they were able to achieve a high degree of

success using rather low-key, collaborative approaches. The advocates did display a high degree of personal involvement in the incidents, based largely on their feelings for the client; therefore, it is possible that their concern and persistence contributed to the responsiveness of the target systems.

00124

CHAPTER VI

DEVELOPMENT AND USE OF THE CLASSIFICATION SCHEME

In describing her use of the critical incident technique for inductive conceptualization, McGuire commented that "...the classification of incidents became a slow, painstaking process characterized by many shifts in thinking and much retracing of steps already reached. Early formulations, sometimes achieved by intuitive flashes, had to be subjected to re-examination and then accepted, rejected, or recast in clearer terms."[1] This researcher discovered that this was an accurate description of the conceptualization process.

The primary advantage of the critical incident technique is that it utilizes raw data as the starting point for conceptualization. However, as suggested previously, this does not eliminate the problem of researcher bias; the very fact that the technique does not impose an explicit theoretical framework means that the researcher must examine the data from the subjective viewpoint of his own values, theoretical leanings, knowledge base, and experience. Once the decision has been made as to which variables should be considered, it is relatively easy to determine subcategories

---

[1]McGuire, op. cit., p. 77.

on the basis of raw data and to test the reliability of these classifications. The decision as to which should be the primary categories of the classification scheme is, however, largely a subjective one. It was this decision which posed the most difficulty for this researcher and which necessitated three major reworkings of the classification scheme.

Devising the Classification Scheme

The methodology employed in this study was described in detail in Chapter III. In regard to the development of the classification scheme, however, it should be stressed that the researcher first used the inductive approach only in regard to the classification of advocacy techniques; the other major dimensions in the advocacy process were identified deductively, and coding was initiated on this basis. It was only after the coding had been completed and the incidents had been extensively analyzed that the decision was made to identify and categorize all of the major dimensions on an inductive basis. This shift in design became essential once it was determined that the classification scheme developed on a logical basis simply did not capture or adequately describe all of the major elements in the advocacy process. However, the classification of techniques continued to be the primary emphasis of the study.

In developing the classification scheme presented in this chapter, the researcher was guided by Finestone's

suggestion that the following operations facilitate development of a classification scheme:

1. Identification of the distinctions implied in the classification.
2. Conceptualization of the distinctions by formulating dimensions.
3. Defining the dimensions and stating the basic assumptions underlying their choice.
4. Stating additional assumptions and dimensions when these seem indicated.
5. Identifying the sub-categories of each dimension.
6. Reconstructing the original classifications after considering various possible combinations of categories in the dimensions.[1]

A classification scheme of the major variables in case advocacy as engaged in by practitioners of child advocacy is presented in Figure 1. The remainder of this chapter is devoted to description and analysis of the twelve dimensions identified in this scheme. The frequency distribution for each variable is reported; and, where appropriate, examples of actual incidents of child advocacy are provided for illustrative purposes. (The examples are taken verbatim from the advocates' reports and have been edited only to eliminate identifying data and unnecessary detail.)

---

[1] Samuel Finestone, "Issues Involved in Developing Diagnostic Classifications for Casework," Casework Papers, 1960 (New York: Family Service Association of America), p. 153.

FIGURE 1

CLASSIFICATION SCHEME: MAJOR VARIABLES
IN CASE ADVOCACY ON BEHALF OF CHILDREN

I. Change Agent (Advocate)

II. Client/Beneficiary

- A. Individual
- B. Family/Primary Group
- C. Specific Category or Class of Children

III. Primary Source of Problem

- A. Individual or Primary Group
- B. Transactions between Individual/Primary Group and Service System
- C. Intraorganizational (Service System)
  - 1. Structural Defect
  - 2. Personnel Deficiency
- D. Interorganizational (Service Network)
- E. Community/Society

IV. Target System

- A. Internal (Intervention directed toward advocate's own agency)
- B. Education
- C. Juvenile Justice
- D. Social Service
- E. Financial Assistance
- F. Health
- G. Housing
- H. Other

V. Objectives

- A. Securing Existing Right(s) Service(s), or Resource(s)
- B. Enhancing Existing Right(s), Service(s), or Resource(s)
- C. Developing New Right(s), Service(s), or Resource(s)
- D. Preventing, Limiting, or Terminating Client Involvement with Dysfunctional Service System

VI. Sanction for Intervention

- A. Law or Public Statute
- B. Administrative Entitlement
- C. Administrative Discretion
- D. Client Need

00128

FIGURE 1--Continued

VII. Resources

- A. Knowledge
  - 1. Client Situation
  - 2. Target System
  - 3. Service Network/Outside Resources
  - 4. Community
- B. Influence
  - 1. Client/Primary Group
  - 2. Target System
  - 3. Service Network/Outside Resources
  - 4. Community
- C. Cooperation of Client/Primary Group
- D. Communication-Relationship Skills
- E. Personal Commitment of Advocate
- F. Organizational Commitment of Advocate's Agency

VIII. Receptivity of Target System

- A. Very Receptive
- B. Somewhat Receptive
- C. Neutral/Mixed
- D. Somewhat Unreceptive
- E. Very Unreceptive

IX. Object of Intervention

- A. Individual/Primary Group
- B. Line Staff
- C. Supervisory or Administrative Personnel
- D. Policy-Making or Funding Body
- E. Public Official(s)
- F. Independent Service Organization (Third Party)
- G. Ad Hoc Coalition/Community Group
- H. Legislative Body*
- I. Adjudicatory Body

X. Levels of Intervention

- A. Local/County
- B. State
- C. National*

FIGURE 1--Continued

XI. Methods of Intervention

- A. Intercession
  - 1. Request
  - 2. Plead
  - 3. Persist
- B. Persuasion
  - 1. Inform
  - 2. Instruct
  - 3. Clarify
  - 4. Explain
  - 5. Argue
- C. Negotiation
  - 1. Dialogue
  - 2. Sympathize (Commiserate)
  - 3. Bargain
  - 4. Placate
- D. Pressure
  - 1. Threaten
  - 2. Challenge
  - 3. Disregard (Ignore)
- E. Coercion
  - 1. Deceive
  - 2. Disrupt*
  - 3. Administrative Redress
  - 4. Legal Action
- F. Indirect
  - 1. Client Education or Training
  - 2. Community Organizing
  - 3. Third-Party Intervention
  - 4. System Dodging
  - 5. Constructing Alternatives

XII. Outcome

- A. Goal Achieved
- B. Goal Partially Achieved
- C. Goal Not Achieved, but Other Satisfactory Result
- D. Goal Achieved, but Later Nullified
- E. No Change or Achievement

*None of the sample incidents could be classified in these categories. However, if a sufficient number of incidents could be collected, it seems likely that some would fall into these categories. Therefore, it seemed appropriate to include them in the classification scheme.

I. Change Agent - This refers to the person or persons who initiate the attempt to change or influence the target system.

In all of the sample incidents, the change agent was the advocate. This factor was pre-determined in this study because of the criteria specified for the reporting of advocacy interventions. However, if one were examining the advocacy process from a different perspective, the change agent could be some other type of person or organization. For example, the change agent could be the client, a client organization, an attorney, a journalist, or a social action group.

II. Client - This refers to the person or persons whom the advocate expects to benefit from his intervention or on whose behalf he is acting. Is the client an individual child or a family unit? If a larger group is to be the beneficiary, is this a special category of children (retarded, physically handicapped, poor, minority, delinquent, etc.) or all children within the advocate's domain?[1]

The primary clients or beneficiaries in the incidents reported were distributed as follows:

Individual	93	(57.1%)
Family/Primary Group	65	(39.8%)
Specific Category or Class of Children	5	(3.1%)
Total	163	(100.0%)

[1]Although the study focused on case advocacy, some interventions initiated on behalf of an individual are later expanded to benefit a larger group.

III. Problem - This refers to the primary source or location of the difficulty which precipitated the advocate's intervention. For example, does the problem arise from intrapsychic or interpersonal conflicts or from distorted communication or interaction between the client and the target system? If the problem is internal to the target system, is it a structural problem (poor policies, rigid procedures, dysfunctional role allocation, etc.); or is it a personnel problem (unqualified staff, punitive attitudes, slipshod work, etc.)? If the problem is rooted in the larger community, is it an issue of poor coordination or duplications and gaps within the service network; or is it a problem of discriminatory attitudes, lack of public support, or inadequate resources in society at large?

The primary problems in the sample incidents were identified as follows:

Individual	23	(14.1%)
Transactional	37	(22.7%)
Structural	44	(27.0%)
Personnel	37	(22.7%)
Interorganizational	8	(4.9%)
Community	14	(8.6%)
Total	163	(100.0%)

When a client presents his situation to the advocate, the first task is that of developing some understanding of the problem. The way in which the problem is defined is of major importance in determining what type of advocacy, if any, is to be attempted and what the target system is to be. For example, incident nos. 45 and 56 below both describe problems which are transactional in nature in that a child

has become a behavior problem in school. In incident no. 56, the advocate defines the problem primarily as a failure of school personnel to respond to the needs of the individual student and focuses on the school as the target system. In contrast, in incident no. 45, the advocate starts on this basis; but when his initial efforts fail, he shifts to the student as the target of intervention, attempting to modify the client's behavior to meet the needs of the school system. The latter incident could not, of course, be considered an example of advocacy, as defined in this study.

Incident No. 56

F. is a last semester senior in high school and will graduate in June if he passes the six courses he is taking. I had previously helped F. set up his schedule for this semester and am in the process of arranging a tutor for his economics course.

In February, the assistant principal told me F. would not be able to graduate since he had been kicked out of his two art classes. I was aware that F. was skipping art class and had talked with him about the possibility of getting kicked out of class and not being able to graduate. When informed by assistant principal about F.'s situation, I became aware that he and the administrative assistant felt there was no reason to try to help F. because "he won't graduate anyway; he wants the diploma but isn't willing to earn it."

My goal was to get F. back in art class and reach an agreement with art teacher as to what F. would have to do to stay in class and receive passing grades so that he may graduate.

The art teacher was willing to allow F. back in class with the condition that if he was truant or misbehaves, he would be through. The teacher wanted F. to sign a contract to this effect, but F. would not because he felt it would be next to impossible for him not to skip any classes.

F. then came in to talk with me to see if I could help him. I asked if he would be willing to sign a contract with the art teacher allowing him six skips for the remainder of the semester, if the teacher agreed. F. agreed. I then talked with the teacher and he agreed. I also encouraged the

teacher to talk with F. about his other responsibilities in order to pass the course. He did this the next class period, and F. signed the contract.

I assigned myself to check on F.'s absences from art and made it clear to him that only absences such as doctor's appointment, being home sick and other acceptable school absences would not count as skips.

I feel my advocacy was successful because F. still has the opportunity to graduate in June if he passes his courses. I have talked with him and discussed the fact that the responsibility for his graduating is on his shoulders and no one else's.

I feel such intervention could have been handled by another adult in the school if any had wanted. No special expertise was necessary, just an interest in F. and a willingness to recommend an alternative way of handling the situation. I felt the art teacher was glad to have an adult intervene and offer another alternative so he could give F. a better chance of making it.

Incident No. 45

M. would not attend school regularly. She felt she didn't need to attend school; her excuse was that the children at school picked on her, and that she didn't like to ride the bus.

My goal was to get M. to attend school regularly. I hoped, by working with the school, to interest M. in school so that she would want to go.

I talked with M.'s principal and teacher to see if we could work out something that would help M. to become interested in attending school. The teacher said she could not do anything to help M. because she felt that M. needed some other kind of help. I talked to the bus driver to see if something could be worked out concerning the bus problem. The bus driver failed in his attempt to get M. on the bus.

On behalf of M., I put in for a transfer through the Board of Education to another school. M. was transferred, but after going to school for a few days, she stopped going. I then called the Board of Education to arrange for M. to take psychological tests to determine what her problem was.

The test report stated that M. was emotionally disturbed and needed to be placed in a special school. I started proceedings to have M. enrolled in such a school. Forms had to be filled out by school principal, Board of Education, mother, family doctor and myself. Within a short time, the placement was made at the school.

My goal had shifted from that of getting M. to attend school regularly to that of discovering what her problem was, and on the basis of that discovery, placing her in a school for emotionally disturbed children.

IV. Target System - This refers to the organization, institution, or social system which the advocate is attempting to influence or change in some way. Is the target the advocate's own agency (internal advocacy)? If it is another service system, what type of system is this - educational, juvenile justice, social service, financial assistance, health, housing, or other?

The target systems in the advocacy interventions reported were distributed as follows:

Internal (Host Agency)	16	(9.8%)
Education	47	(28.9%)
Juvenile Justice	26	(16.0%)
Social Service	20	(12.3%)
Financial Assistance	17	(10.4%)
Health	12	(7.4%)
Housing	9	(5.5%)
Other	16	(9.3%)
Total	163	(99.6%)

The choice of target system is directly influenced by the advocate's understanding of the problem. Effective advocacy, however, seldom employs a simple cause-effect model. For example, in incident no. 108 below, the original problem seemed to root in the school system. Therefore, the advocate could have intervened with the school personnel who were obviously neglecting their responsibility to attempt to understand and meet the educational needs of all children. Instead, the advocate conducted a thorough investigation which led him to decide that intervention with the welfare department would be the most effective means of resolving the presenting problem.

Incident no. 108

S. is a black, 9-year old, second-grade, borderline student who was suspended from school. Because of neglect at home, he would come to school with strong odors of urine and wearing filthy clothes. The children would reject him and he would therefore become very hostile and aggressive. The teacher was unable to meet both S.'s needs and the needs of the other children.

My goal was to get S. readmitted to school and to contact the necessary persons to correct his hygienic situation.

I first contacted the school to get all the information I could on S., and then called the mother to set up an appointment to visit her at home. At her home, I told her why S. had been suspended; she did not know about the suspension. She told me she had had a nervous breakdown a few months ago and was presently an out-patient. When I asked what kind of assistance she was getting due to her condition, she told me she was receiving state aid and had no one to help her with S. and her two other children. I informed her that she could receive Aid to the Disabled (ATD) as well as Aid to Families of Dependent Children and that her social service worker could make it possible for her to have a helper come to the house until she was fully recovered.

I then contacted the pupil services worker and related to her the information I had received, explained the situation, and informed her that the necessary steps were being taken to correct the situation. On that basis, S. was readmitted to school.

I took the mother down to the department of social services and made complaint that she should be receiving ATD. I did get her status changed, for she is now receiving $150 more a month.

I feel my intervention was successful. My first goal of getting S. readmitted to school was achieved by going outside the school system to another system - department of social services - to secure health and financial assistance for S.'s family.

In a somewhat similar case, incident no. 131 below, it can be seen that the advocate's understanding of the problem influenced the selection of target. Since the child had been truant for two months, it would be easy to affix responsibility on the parents. Instead the advocate operated on the assumption that the school system has

responsibility for educating all children and intervened accordingly.

Incident No. 131

S. is a 10-year-old, black youth who was truant from school and had been hanging around the play area of the hospital where my agency is affiliated. S.'s parents are divorced, and the father is head of the household.

My goal was to get S. back in school and to notify the father of his son's actions.

During a talk with S., he told me that he was enrolled in three different schools. My first task was to find out which school he actually went to. I called the schools, and all three denied that S. belonged there and denied responsibility.

I contacted a person from the task force for children out of school who found out that S. had not been registered in any school for three years. I then wrote S.'s father a letter asking if we could meet and discuss his son. The father called me to set up a meeting.

I discovered that the boy belonged in one of the schools I had called. The principal of that school denied responsibility, saying that S. had told him he was transferring to another school. I told him I could not see how it is possible for a child to be enrolled in a school and be truant for two months without the teacher becoming concerned and informing the principal and the principal getting in touch with the parents. I said that the transfer excuse was ridiculous, as a parent has to sign a permission slip for a transfer to be approved.

My confrontation with the principal proved effective. The principal agreed to re-enroll S. at father's request; but he continued to deny responsibility.

It should also be noted that the problem and target system may shift over time. For example, in incident no. 177 below, the advocate was originally concerned about a structural problem of the school system (institutionalized procedures for placing "problem" children in special classes). In order to prevent this, he decided to insist on an independent outside evaluation. The advocate then encountered the problem of lack of coordination and gaps in the community

service network. In addition, he was stymied by personnel deficiencies in the child guidance clinic which had become a secondary target system. Hence, he had to ask still another agency to intervene.

Incident No. 177

I work with the mother of a black, multi-problem family in a ghetto section of a large metropolitan city. The local elementary school which one of Mrs. B.'s children attends complained many times to her about her son's disruptive behavior. The school finally asked for her permission to test the boy in order to place him in a special class. (In this city, such permission is required.)

Mrs. B., who deeply mistrusts the school's motives regarding her son, feared that he would be placed in a "dead-end" classroom. I suggested we obtain an outside evaluation of the child in the hope of securing an unbiased, adequate evaluation. The school viewed my intervention with hostility, and my contact with the school led me to share Mrs. B.'s mistrust of its motives regarding the best interests of her son.

I made a referral to the child guidance clinic of a large university in the city. A worker at the clinic placed the child on a waiting list with the implication that the evaluation would be done shortly. I called the clinic many times about the evaluation, but nothing was done. My problem soon shifted from that of preventing the child from being placed in a "dead-end" class to securing the child's evaluation by the clinic.

The worker's supervisor at the clinic called my supervisor and asked for a meeting. She said that the child couldn't be tested for several months because "this case wasn't any more urgent than others, lack of staff, etc." Thus, supervisor backed off from commitment made by worker, with no real explanation given.

At this time, I enlisted the aid of a third-party, a local family agency which had been previously working with the family. The supervisor at this agency thought he could do something to help. I gather that he brought pressure to top levels in the clinic, for the child will now be tested at the end of this month.

V. Objective - This refers to the goal of the advocate's intervention or the result he is attempting to bring about. In other words, is the advocate trying to secure

rights, services, or resources which the client is not receiving but to which he is entitled? Or is he attempting to enhance the quantity or quality of a service or entitlement which the client is already receiving? Is he attempting to develop new services or resources which the client needs but are not currently available? Or is he attempting to prevent, limit, or terminate the client's involvement with a target system which is potentially dysfunctional?

The objectives reported in the sample incidents were distributed as follows:

Securing existing rights, services or resources	77	(47.9%)
Enhancing existing rights, services or resources	57	(34.3%)
Developing new rights, services or resources	10	(6.1%)
Preventing, limiting or terminating involvement with dysfunctional service system	19	(11.7%)
Total	163	(100.0%)

In incident no. 52 below, for example, the advocate acts to secure and protect an existing right of the client's, whereas in incident no. 89 the advocate intervenes to enhance an existing service. Incident no. 9 provides a clear example of what has been termed system-dodging in that the advocate conducts a number of negotiations to prevent the client's involvement with the probation department since he feels this contact would be dysfunctional for the client. Incident no. 57 also is an example of system-dodging; however, in this case, the advocate's primary objective becomes the development of alternative service resources.

00139

Incident No. 52

A. is a 12-year-old black child who was expelled from school several times for minor offenses. A.'s older brother, who went to the same school, was always getting in trouble and being sent home. It seems that at first A. was accused of the same kinds of things simply because his older brother had caused problems.

A teacher accused A. of breaking the side-view mirror on her car, and a case was brought against A. The mother asked the court to appoint a lawyer, and when the case came up and a lawyer still had not been appointed, she called me. My goal was to secure legal aid and counsel for A.'s family.

When A.'s mother informed me that the court had scheduled the hearing, I immediately contacted the court personally. I first talked to A.'s probation officer who seemed to know nothing about the case. He said he would call me back, and after several days, I called him again. He learned that the court had still not appointed a lawyer, but he had found a lawyer who agreed to represent A.'s family. However, the lawyer was not planning to see the mother until the hearing.

I contacted the lawyer and suggested he get in touch with A.'s mother before the hearing, or she would not show up in court. I talked to the mother and the lawyer on the day of the hearing to be sure they had gotten together. They had, and the mother felt comfortable and satisfied with the results of their talk.

Incident No. 89

My client is a poor, black woman who is the mother of a 3-year-old child who was enrolled in a day care center. Several times she had missed the bus which would take her child to the day care's bus stop. Child was dismissed from day care because of these transportation problems. The mother was satisfied with the educational philosophy of the school and was pleased with the growth and development of her child since she had been enrolled (three months ago). She called me in distress wanting help in finding another school for her child.

My goal was to resolve the transportaion problem so that child could be re-enrolled in day care school. Because the child had adjusted to the school, I did not want the child to have to make a transition to another school situation.

I was familiar with the day care center and had established friendly relations with them. They have an outstanding educational program. I called center and asked them to reconsider their reasons for dismissing the child. Their policy is that children arrive and be picked up on schedule. I told

them transportation was a small part in helping a child and family. I recommended ways of working out the mother's problem. They were sympathetic and immediately reconsidered their position.

Other transportation arrangements have since been made, and the school called me to say things were working out better for the family. I feel I succeeded because of the outside pressure I was able to apply, regarding the irrationality of the school's decision. The school has been known to dismiss children unnecessarily.

Incident No. 9

B. is a young girl who had run away from home and was currently living with her sister, 100 miles away. Sister called me to say it was not a good arrangement as she was in school, her parents did not like her, and if they found out B. was there they would call the sheriff. B. had been in juvenile hall before and "freaked out" and did not want to return. Sister described father as "middle class applepie -------." Sister wanted to know what could be done to resolve the problem.

I told her I would try to work something out between sheriff and probation which would keep B. out of the hall. I explained that juveniles essentially have no legal rights versus their parents and that legal agencies almost always take the side of the parents.

My goal was to keep the sheriff's office and probation out of the case until we could contact the parents and someone in their community to handle the problem. It was almost certain parents would have B. arrested if they knew where she was. We wanted to approach them first.

I called the juvenile sgt. of the county sheriff's office and confided to her the information without name and asked what kind of legal situation we were in. Sgt. needed name and more information. I extracted promise they would not bust B. if I gave the information. (I had B.'s permission to use her name.) I told sgt. that B. was safe and wanted to get together with her parents and a neutral party (since her father was friendly with some probation officers).

Sheriff's office had called the home community to find out B.'s legal status. She was listed as a runaway, but they had used their discretionary powers to enable us to find some solution to the problem. In effect, they would not bust B. if she promised to stay with sister until we could get her home or work out some arrangement with parents.

I called a local youth agency in home community and asked them to intervene in B.'s behalf, as the local probation people had sided with parents over past issues. They agreed. I called parents and told them B. was safe and set up a conference with the local agency. Parents agreed to transport

B. and forego having sheriff do this. This move effectively avoided involvement on the part of local sheriff and probation.

I later heard from sister that the situation was fairly good, but family was not following through on therapy arrangement. Advocacy was successful in that B. got home without any involvement with legal system or any incarceration.

Effective advocacy was a result of the fact that most local agencies in the community feel we are legitimate and will accept us at face value. The juvenile sgt. probably felt B. was in good hands. Also, my knowledge of the workings of juvenile department proved valuable.

This incident brings out the need for class advocacy to acquire some legal rights for minors who are not criminal but who can't get along with their families. We need some facility in the community to house these types of kids when they don't have somewhere to go - either a temporary or a more permanent base.

Incident No. 57

A. and D. are two boys from a town some distance from our agency. Finding nothing in that area to keep them interested, and with a home life that left much to be desired, they hitched to a larger city where A. has a sister. It is debatable whether they had the full cooperation and permission of their parents.

In an attempt to find work, A. and D. went to the human resources development office where a worker in the job corps referred them to our youth advocacy agency. My goal as the boys' advocate was to get emergency help (since A.'s sister had changed her mind about putting them up), to help them find jobs, and to give them information and help in avoiding contact with probation. (The automatic probation decision would be to send them back to the town they had left.) My agency felt no compulsion to return the boys to the town they had left.

I made several phone calls - to the job corps, child protective services, social services department - which turned up no real job possibilities other than those generally known, such as restaurants, gas stations, etc. There was no encouragement about housing possibilities either.

A. and D. and I then went over a youth resource directory which my agency keeps in the office. This turned up some leads - such as rural manpower and neighborhood youth corps. We also discussed the merits of the boys' going to another large city where one of the boys' brother lives. I took the boys to the first office on their agenca; then it was up to them.

Two days later A. came back to report no success in finding employment. He was on his way to the other city.

I feel that this incident was "marginal" and "not very effective advocacy!" This was due primarily to a total lack of resources in the community.

VI. Sanction[1] - This refers to the basis on which the advocate justifies his intervention. Is the advocate attempting to secure a legal right of the client? a benefit which has been administratively specified? a service or benefit which is available on a discretionary basis? or a service which the client needs but is not currently provided or guaranteed?

The sanction for the advocates' activity in the incidents reported was identified as follows:

Law/Public Statute	19	(11.7%)
Administrative Entitlement	31	(19.0%)
Administrative Discretion	60	(36.8%)
Client Need	53	(32.5%)
Total	163	(100.0%)

As will become clearer in the discussion of techniques, objects and levels of intervention, the question of sanction is a critical one in the advocacy process. If the advocate is seeking to protect his client's right under the law, he can take whatever measures are necessary to insure this, but he may need only to notify the target system that his actions are being monitored. Similarly, if the advocate has as his objective the securing of some public entitlement, he has a wide range of options available

---

[1]The researcher is indebted to Enid Cox, Columbia University School of Social Work, for highlighting the significance of this variable. Although the baseline study of child advocacy, Kahn, Kamerman and McGowan, op. cit., emphasized sanction as a philosophical issue, the writer had not previously considered the relationship between the type of sanction and the type of strategy selected for a particular intervention.

to him. In incident no. 4 below, for example, the advocate had only to contact the proper enforcement authorities to insure compliance from a very hostile target system because he had legal sanction for his complaint. In incident no. 15 below, the advocate intervened at several different levels to protect his cleint's interests; however, he was free to make demands at these different levels because he knew his client was entitled to receive food stamps.

Incident No. 4

J. is a retarded, white male. He was being exploited by his employer who was not paying him for overtime work. My goal was to correct this unlawful situation.

J. told me about his working conditions and daily schedule. I counted up the hours and arrived at a 74-hour work week. J. is paid $2 per hour; the rent is taken out of his salary by his employer; J. pays $2 daily for meals. After all these expenses, he received $47.50 for his labors. He should have been receiving $148 weekly, not counting overtime.

I informed J. of my intentions to file a complaint and he approved. So did J.'s social worker. I discussed the situation with my brother, who is a field representative for the division of civil rights. He found out that this type of case was handled by the division of labor standards. I asked him to continue with the case because I felt that his intervention would assure a prompt response to the complaint.

The commissioner of the division of labor standards was contacted. He in turn contacted the division of wage and hour which sent an investigator to interveiw J. and his employer. Prior to this time a letter, signed by my brother, was sent to all the agencies involved telling them of the importance of the case. Enclosed was a letter from the director of my (advocacy) agency commending me on my actions.

J. was fired by his employer the day of the investigation. I contacted my brother who contacted the supervisor of wage and hour. He called employer and told him it is illegal for an employer to fire or harass an employee because he files a complaint. The employer promptly reversed his decision.

J. is now receiving overtime pay; he has a new and improved working schedule; and he now works 50 hours a week, receiving $47.50 plus overtime.

Incident No. 15

My client, T., called to ask if I could take her to the community center to be certified for food stamps. She was disabled because of a crushed ankle and her leg was in a cast. I took her to the center. The time allotted for certification for food stamps at the center is seven hours, from 8 am to 3 pm. The welfare agent informed T. that he only had time to certify ten people and the rest would have to leave. T. then called me and asked if I would come and take her home, since she was thirteen on the list, and the agent would not certify her.

I went there and asked the agent why he could only certify ten people, since I knew it only takes ten minutes to certify a client. He said simply that that was the number of people he "chose" to do that day. When asked if he couldn't make an exception since T. was disabled, he said no, to him, "every client was an emergency" and he could make "no exception."

My goal was to get T. certified for stamps because this was the last day of the month, and she had neither food nor food stamps.

I consulted the chairman of our program's advisory board because he had worked with the food stamp center before. I explained what had happened at the center. He seemed upset and said he would make a few calls and call me back later. He called me back to tell me that he had contacted our councilman who was going to take care of it. Councilman then called one of our state representatives and had him call me to explain that normal procedure for the welfare department is to inform their clients at least a month in advance that they had to be certified. Since T. had not been informed, they intended to find out why. They then called the commissioner of welfare to find out why this client had to wait to be certified.

The commissioner then called the supervisor of the food stamp center and had him call me to explain again. I explained and he decided to check her record. He called back to tell me that he had decided to send a representative to T.'s home to certify her, and if I could be there, I could pick up the stamps for her. I went to T.'s home and picked up her stamps. T. was certified for stamps indefinitely.

My advocacy was successful because I had a clear mandate and knew the right people to call and was able to intervene on many levels.

When the advocate's sanction is that of administrative discretion, i.e., when he knows that the target system has the option of granting his request but is not required to do so, he must use rational, persuasive techniques or appeal for the sympathy of the decision-maker in the target system, as in incident no. 133 below. Similarly, when the request is made on the basis of client need, which is essentially a matter of value judgment, the advocate is forced to use a collaborative approach for his intervention, as, for example, in incident no. 39 below.

Incident No. 133

My client had an appointment to go into the hospital for an operation. She wanted a babysitter to take care of her children while she was in the hospital, and wanted me to ask welfare to pay for the babysitter.

My goal was to get someone to take care of my client's children while she was in the hospital.

I contacted the welfare department and talked to my client's social worker. I appealed to the social worker, pointing out that the children would be upset about their mother going into the hospital and that they would be much better off being cared for by someone they know - their grandmother. The social worker agreed and contacted my client's mother and made arrangements for her to come from the South to take care of the children. The social worker arranged for welfare to pay for the grandmother's trip to and from the area.

My intervention was successful because I knew the welfare system and the options open to my client. Welfare is reluctant to give out information to its clients about its available resources and offerings.

Incident No. 39

I am counseling E., a white, middle-class woman, who is attempting to deal with her strong feelings of inadequacy as a wife and mother. When she feels really badly about herself, she sets the world up to tell her how ineffective she is. She has convinced neighbors that

she is a bad mother, and they responded by calling the school. The school contacted the school psychologist who recommended that the children be removed from the home. E. called me for my opinion.

I feel that E. is capable of handling her children and that she needs someone to take a firm stand with her on this. Also, it seemed very unlikely that child protective services (CPS) would actually take the children away without long court proceedings which would only increase her feelings of low esteem.

I talked with the school psychologist and explained the major issues E. was dealing with in her continuing treatment. I explained how some specific incidents reported by neighbors were not actually destructive experiences for the children and how E. had coped with them as a result of treatment. I was supportive of his knowledge and longer experience with the family, and I left to him the decision about calling back CPS.

The result was that CPS never contacted the family. Advocacy was effective because, although my feelings were strong, I did not allow them to get in the way of my presentation which I handled rationally and collaboratively with the school psychologist.

VII. Resources - This refers to the personal and/or organizational assets utilized by the advocate in carrying out the intervention. Does he have adequate knowledge of the client situation, target system, service network and/or the community at large? Does he have significant influence with any of these? Is the client cooperative and does he take an active role in advocacy activity? What communication skills are utilized by the advocate? And what about the personal (time, energy, skill) and organizational (money, community influence, staff resources) commitment underlying the advocacy activity?

The resources utilized by the advocates in the interventions reported can be identified as follows:

Knowledge of Client Situation	152	(93.3%)
Target System	118	(72.4%)
Service Network	70	(42.9%)
Community	14	(8.6%)
Influence with Client/Primary Group	4	(2.5%)
Target System	55	(33.7%)
Service Network	9	(5.5%)
Community	2	(1.2%)
Cooperation of Client/Primary Group	25	(15.3%)
Communication-Relationship Skills	43	(26.4%)
Personal Commitment of Advocate	48	(29.5%)
Organizational Commitment of Agency	10	(16.1%)

(Categories are not mutually exclusive; therefore, they do not total 100.0%.)

The resources available for a specific advocacy intervention are a direct function of who the change agent is; which resources are actually utilized relates to the target system, objectives, and sanction for the intervention. A variety of resources are employed in advocacy, but the most common is simply that of knowledge. The advocate's knowledge of the client situation, target system, etc., is often critical to the success of the intervention. In incident no. 165 below, for example, it is evident that the advocate succeeded primarily because he knew as much, if not more, than the judge about court proceedings for adoption. In addition, of course, he presented his case well, utilizing extensive communication skills.

Incident No. 165

A 6-week-old female child was placed in the trial adoptive home of Mr. and Mrs. E. I supervised the adoption and prepared the papers routinely for the finalization of the adoption. In court, the judge felt the papers were incomplete and was not going to allow the finalization of the adoption.

My goal was to effect the finalization of the adoption. Rather than accept the judge's statement that the papers were incomplete, I chose to view it as an opinion not backed up by facts. I told the judge that I had been coming to this court for years and had always prepared the papers in a similar fashion and had never run into any difficulties before.

The judge stated that the papers would never have been satisfactory. I questioned if the clerks of the court knew what information the judge wanted included in the reports and she assured me that they should know. I explained that, per usual, I had sent a letter with the papers asking that I be notified if the papers were not in order so that they could be rectified. I had not been contacted by the clerk. I pointed out that some of the information the judge was requesting was included in the reports but had been overlooked. I asked the judge to list the information needed so that I could take this news back to my agency to insure more complete reports in the future. The judge then allowed the adoption to be finalized.

My success was due to my many previous court appearances and my knowledge of adoption procedures and the requirements of adoption papers. I was able to point out that the agency had done its job as well as possible in light of the fact that the judge had certain particular ideas about the information necessary but had not relayed these ideas to the agency. I did not succeed in persuading the judge that our form for the adoption papers was satisfactory, mainly because I was not arguing this point, but rather, was fighting to get this particular adoption through the courts.

Influence with a significant member of the target system can also be a critical variable in advocacy. Incident no. 6 below is illustrative since the advocate in this case was a teen-age volunteer who succeeded primarily because of a personal relationship with the president of the local board of education. However, influence may not be a sufficient resource in itself, if other forces in the target system or in the community at large are strong enough to countermand the advocate's influence. In incident no. 68 below, for example, the advocate had an ongoing relationship with the mayor who was chairman of the agency's advisory

board; yet he was unwilling to cooperate with her request about a housing problem in the black community, probably because of the potentially strong reaction in the white community to any intervention on his part.

Incident No. 6

T. is a little girl who had been classified mentally retarded as a result of testing. T.'s mother is dissatisfied with the test result and with the day care center T. attends. Mother would like T. to be enrolled in the special public school program for children with special problems. She asked me to find out why she wasn't notified about the program.

My goals were to find out how T. was classified mentally retarded and under what conditions she was tested, and to have her retested. I called the president of the board of education (whom I happened to know since I had worked as a babysitter for his daughter in the past) to find out why T. wasn't in the program and told him of T.'s handicaps. He said he would find out about the testing and contact our superintendent. As a result of his intervention, I was able to set up an appointment with superintendent, who told me how T. was placed in day care center and about her testing conditions. T.'s mother is unable to communicate with superintendent, so I told him what she wanted to know about T.

I subsequently met with the school social worker who was very informative, interested and helpful. She went to the day care center to observe T. She is also setting up an appointment for me to see the school psychologist about T.

I am not a social worker and have no training in this field; my main goal was to have T. retested. My persistence in the case accomplished much: social worker wants to get T. retested after ten months in a school. She is also helping to find out what the state's obligations are toward T.

Incident No. 68

Miss K. is a 22-year-old, black woman who lives with her four children in privately owned apartments. She came to the agency because of her concern over her living conditions. She sought help in improving her housing conditions or in finding other housing. Miss K. pays $80 a month rent for a one-bedroom apartment with utilities included. She had numerous complaints which were shared by other residents

who later came to the office with her. Electricity, water, and gas had all been turned off for the entire complex at various times during the winter by the utility companies; open cesspool in back of apartments; rats and mice; no repairs such as broken doors and windows although numerous complaints had been made to the resident manager.

My immediate goal was to investigate Miss K.'s complaints and, based on the information gathered, contact the proper agencies or person (landlord) to correct the situation. Goal eventually shifted from case advocacy (Miss K.'s needs) to class advocacy (tenants as a group).

I first made a home visit with Miss K.'s consent. The open cesspool in back needed repairs, and the lights in apartment were off. I got the owner's name from Miss K. but I could not reach him by phone. He rarely shows up at the apartments, and then, early in the morning. I called the local public health nurse about the rats and open cesspool. She referred me to the county sanitation department. A person there informed me that the pond was an oxidation pond and was legal if the pond was working properly. He then had the rodent control department come and put out poison for the mice and rats.

I then called the local mayor, who is the chairman of our advisory board, to inquire about who the owner of the apartment was and how to contact him. The mayor was not at all helpful, saying that the tenants deliberately destroyed the place, that they always had trouble "with the people down there." (all blacks), and that he wasn't sure who the new owner was. I explained about the utilities being turned off although they're included in the rent, but he continued to view the poor conditions as the tenants' fault and not the owner's responsibility.

I succeeded in finding more adequate housing for Miss K., as she had a sick child. But the problems still exist for the other tenants. The local health department was receptive to the problems but the local authorities do not seem concerned about correcting the situation. There is subtle racism in the community, and both the mayor and one health official place the blame on the black residents, not the owner.

I gathered information which will be needed for further tenant action, but I feel the tenants will not be able to effect change without leadership. Our agency is working with the tenants, and I feel that by combining several agencies and client forces into a community self-help group, it will be possible to resolve these complex problems. My intervention in behalf of Miss K. required knowledge of and dealings with many different agencies. This kind of knowledge and action will be needed by the tenants group if it is to be effective.

Commitment of time and energy on the part of the advocate or his agency can also be a significant resource in the attainment of an advocacy objective. In incident no. 109 below, for example, the advocate simply persisted with the case, refusing to surrender his concern for the client. Consequently, he eventually achieved a major victory in the juvenile justice system.

Incident No. 109

T. is a 16-year-old, eleventh grader who has been suspended from school three or four times for truancy. He is on probation and has already spent six months in the county school for delinquents. His mother works as a cocktail waitress, and his father is separated from the family and living in a home for drug dependent males, since he is fighting alcoholism.

It became obvious that although T. is a fairly bright boy, school was not the place for him. I discussed with his probation officer (PO) the possibility of T.'s finding a job, dropping out of school and attending night school. The PO insisted that school attendance be part of his probation and wanted T. to exhaust all day-school possibilities first. Within a month, T. did exhaust all possibilities.

My goal was to get T. away from drugs and alcohol for a while. I wanted him to have psychological tests so we would know if anything was seriously wrong, and finally, I wanted him to start fresh with new people and a new program rather than returning to the people and programs that meant failure to him.

First, T. was scheduled for psychological tests at a private clinic which would qualify him for attendance in a vocational rehabilitation program. T. failed to show up for intake testing both times. Next, T. was set up with two job interviews through the work experience program at school. He went to the first interview, but didn't get the job; he failed to show up for the second interview, which was pre-arranged to hire him.

A few months later, T. was returned to court on a violation - he got drunk and broke $800 worth of windows at a local recreation center. In court, T. promised to attend school and stay out of trouble. The first day back in school, T. missed five out of six classes and was

suspended. The next week, before a court date could be arranged, T. stole money from his mother's purse and held a grass party at his house which the landlord complained about. T.'s mother kicked him out of the house and told him not to come back.

When T. returned to court, I recommended that instead of returning him to the county school for six months, he be placed in the state juvenile institution for a 3-week psychological evaluation which they provide. The court agreed, admitting that this service would be of more benefit to T. At a staff meeting at this institution, we reviewed T.'s case and recommended placement in a state group home. This placement was a landmark case because it was the first time a policy exception has been made to place a child under county care in a state facility. The state, for some time, has wanted more participation in county decisions, and in T.'s case, the state has assumed financial and other responsibility for T.

I feel advocacy was effective. I was able to get T. placed in our agency's "open school" which he has attended every day. He is doing well in the group home and will be eligible to return home in eight weeks. I knew the county school would not be suitable for T. and that the state group home would be good for him.

Lack of resources can be equally as important in determining the outcome of any intervention. In incident no. 188 below, admittedly a "horror case" in which the target system was exceptionally hostile, the advocate failed because of a lack of knowledge about how to intervene immediately and a lack of influence with any of the significant decision-makers in the target system.

Incident No. 188

I was called by the hospital social service department about L., a 12-year-old, black girl who was admitted to the city hospital the night she was in labor. In the morning, she delivered a normal male child by caesarian section. She had had no prenatal care.

L. is a runaway. She refused to give me her parents' address. She had come to the hospital alone. She said she had no friends or relatives in the area.

The hospital said L. was in critical condition, and the hospital social worker said the doctors wanted to do a complete hysterectomy. The social worker wanted our agency to work with L. if the operation occurred, but wanted me to talk with the doctors immediatly about the ramifications of and possible alternatives to a hysterectomy.

My goal was to explore with the hospital an alternative medical plan, and if there was none, to provide casework services for L. and for L.'s family, if possible.

The first day L. was in the hospital, I met with the medical staff, who were disgusted with L.: she was highly infected with both gonorrhea and syphilis, and she was a heroin addict. Her baby was addicted to heroin and was infected with venereal disease. The medical staff saw her as a "poor case of protoplasm" - and black protoplasm at that.

This was L.'s second pregnancy. The first child had been naturally aborted. To repair the damages done by the caesarian birth and her addiction would require expensive surgery. The doctors felt it would be easier to perform a hysterectomy. They also felt it would save society from "offspring from the likes of her."

The hospital social service department could not exert pressure; they felt they could not risk alienating the medical staff with whom they would have to continue working. My influence was insignificant.

The medical staff wanted to operate that same day, as waiting twenty-four hours would not change their minds and would only compound the medical problem. In fact, as we talked, L. was already being "prepped" and was under pre-operative medication.

The next day, I visited L. at the hospital. She was still under sedation. The day after, the hospital called me. L. had committed suicide. She had jumped from the fifth floor window.

The blatant prejudice, which led directly to what I see as criminal injustice executed on a powerless child, evoked my personal involvement in this case. However, I failed utterly. I was powerless to intervene or influence the hospital administration. I had no time to gather additional resources to use leverage against the hospital administration.

VIII. Receptivity of Target System - This refers to the degree to which significant members of the target system are open to and willing to comply with the request or demand of the advocate. Are they very or somewhat receptive to the advocate's suggestion? Are they completely neutral or are

some members of the target system friendly and other hostile? Or are the significant members of the target system somewhat or very unreceptive to the advocate's intervention?

The receptiveness of the target system was described in the advocates' reports as follows:

Very Receptive	37	(22.7%)
Somewhat Receptive	34	(20.9%)
Neutral/Mixed	43	(26.3%)
Somewhat Unreceptive	21	(12.9%)
Very Unreceptive	28	(17.2%)
Total	163	(100.0%)

The receptiveness is a significant - if not the most critical - variable in determining the outcome of a specific advocacy intervention. In incident nos. 68 and 188 just cited, for example, the lack of receptivity in the target systems was the major reason for the advocates' failure. If the target system is receptive initially as, for example, in incident no. 124 below, then the advocate's task is much simpler and he is fairly certain to succeed.

Incident No. 124

J., a youth in our summer program, was picked up by the police for allegedly stealing a battery from a car and was going to be sent to juvenile hall. J.'s mother contacted me and asked me to help; she felt that because of lack of education, she wouldn't be able to communicate with and express herself to the authorities.

My goal was to get J. out of jail so that he could continue in our summer program.

I contacted the juvenile office that was handling the case and explained that J. was a student, and this was why he was in the program, and that he had displayed a positive attitude and a willingness to better his education. I was given permission to talk with J. who explained to me that he had no knowledge that the battery was stolen. He has very good mechanical skills and likes to work with cars, which is why he was working on the battery which belonged to another youth.

I related to the juvenile officer our conversation. He was very cooperative and stated that he was very pleased to know that there were some positive programs going on in the community. J. was released, with the stipulation that he continue in the summer program and that I contact the juvenile officer periodically to let him know how J. was doing. J. stayed with the summer program and his grades in school have improved.

Supervising J. in the summer program gave me the sanction, I felt, to intervene directly on J.'s behalf with the juvenile authorities.

Receptivity of the target system is not, on the other hand, the only determinant of outcome. Sometimes advocates by skillful intervention are able to overcome lack of receptiveness in the target system, as in incident no. 19 below. The attitude of the target system is, however, a variable over which the advocate has little control and one which influences significantly his choice of strategy and points of intervention.

Incident No. 19

B. is an Indian boy who has shifted back and forth between white and Indian schools. B. is on probation because he has been caught numerous times sniffing paint. B. likes to have people believe he is an innocent bystander to incidents he gets involved in, in school, primarily with teachers. He plays adults against each other - Indian teachers, regular teachers, mother, probation officer (PO), assistant principal and myself.

Today, instead of being in class, B. was running around and getting into fights with children and teachers. B.'s mother, who feels anger toward the white school, often comes to his rescue. However, she also calls PO to have her son picked up for sniffing paint again. B. complains to me about his mother's boyfriend and of not wanting to go home.

I alerted PO to the plain fact that a new approach must be devised. He said that B. and his family are "playing games." I suggested that PO get a "community staffing" (which would include people mentioned above) to meet once a week at a set time to talk about problems, work on solutions

and share information in an effort to stop the buck-passing and games.

PO immediately resisted this idea, saying it was unrealistic to consume so much professional time. I explained that one hour weekly with results is not much compared to the amount of time spent so far with no results. I told him that I wanted him to set up the meeting and even wrote a list of things to be discussed.

PO still insisted that my idea was not feasible, but then he took the list. PO, who knows me from prior contact, doesn't like to cross me, and I was able to offer him a viable alternative solution to the problem. I confronted him with his failure, as I saw it, to deal with the child's delinquency. I did not merely suggest, but directed and monitored his future actions.

IX. Object of Intervention - This refers to the person(s) or organization(s) toward which the advocate's intervention is directed. Does he direct his activities toward the client in the hope of encouraging self-advocacy? Or does he intervene directly with the target system? If so, at what level(s) - line staff? supervisory or administrative personnel? policy-making or funding bodies? Does he attempt to intervene with some third-party which will in turn try to influence the target system? If so, does he direct his activities toward public officials? independent service organizations? ad hoc coalitions or community groups? Does he attempt to work through the legal system? If so, does he try to influence a legislative body or does he seek redress through an adjudicatory body?

The object(s) of intervention in the sample incidents were described as follows:

Individual	45	(27.6%)
Line Staff	114	(69.9%)
Supervisory/Administrative Personnel	74	(45.4%)

00157

Policy-Making/Funding Body	8	(4.9%)
Public Official(s)	5	(3.1%)
Third-Party	62	(38.0%)
Ad Hoc Coalition	4	(2.5%)
Adjudicatory Body	5	(3.1%)

(Categories are not mutually exclusive; therefore they do not total 100.0%.)

One of the most critical decisions the advocate must make is that of determining with whom he should intervene. Sometimes the advocate works directly with the client alone, preparing him for self-advocacy as in incident no. 92 below. And sometimes the advocate intervenes only with some third-party, asking them to assume responsibility for direct intervention with the target system, as in incident no. 58 below. In both of these situations it can be seen that the advocate's decision was related to his basic objective, the resources available to him, and the probable response of the target system.

Incident No. 92

Mrs. Z.'s family is white-Spanish. She has six children; her husband works irregularly; and the family is on ADC from the welfare department.

Because Mrs. Z.'s husband couldn't seem to keep a job. and she was behind in her rent and bills, and because she seemed to have quite a few problems every other week, we talked about her rights and responsibilities.

My goal was to educate Mrs. Z. to the agencies in her area that could help her when she needed it.

When I was on vacation, Mrs. Z.'s ceiling fell in. She called her landlord who said he'd send someone right over to fix the ceiling. She waited for three days and no one came. She called housing inspection, and they sent an inspector over. On the same day that the inspector informed the landlord of his violation, the landlord sent someone over to fix the ceiling.

My advocacy was successful in that I made a self-advocate of my client. Mrs. Z. is now able to advocate for her own family needs.

Incident No. 58

P. is a thirteen-year-old, Indian girl who lives in a large, metropolitan city. She was suspended from school and was out for over a week and a half. Mr. S., my friend and the assistant principal for the eighth grade, alerted me to the suspension. He thought I could put pressure on the seventh grade assistant principal, because the length of the suspension seemed unreasonable. There were also rumors of P.'s expulsion. Efforts by P.'s mother to find out anything from the school were rebuffed.

My goal was to have P. re-admitted to the school and to give the youth service bureau (YSB) an opportunity to be a community pressure on the school. I would play a follow-up role in the case.

I knew the assistant principal who suspended P. to be a difficult person, and felt that for something as important as possible expulsion from school, the community needed to have specific information to document irresponsibility on the part of the school. YSB took over the case, and P. was back in school the next morning. YSB also worked out a plan to continue to work with P. to help her school situation.

In this case, effective intervention began with the eighth grade principal's taking the initiative in seeking outside help to prevent P.'s expulsion. YSB took up the advocate role which extended to helping P. after she had been re-admitted to the school.

When the advocate intervenes directly in the target system, the choice of level(s) can also be critical. For example, in incident no. 86 below, the advocate himself indicates that when he met with resistance at the staff level, he should have gone to a higher level, probably supervisory or policy-making. In contrast, in incident no. 129 below, the advocate started at the supervisory level, but when he met with resistance he shifted his strategy, asking his supervisor to use influence with a person in a different position in the target system.

Incident No. 86

B., my client, needed an operation, but has three children and no one to care for them if she went to the hospital. She was passing out three or four times a day.

My goal was to have B. operated on and to get someone to care for her children while she was in the hospital.

I took B. to the hospital. They said she needed to be hospitalized then, but they had no beds and would let me know when she could be admitted. They said it would be in a day or so.

I contacted homemakers service of the welfare department and was told that there were no homemakers available at this time. I am told this time and time again, whenever I call. I contacted a public day care program, but they said they could not care for the baby, who is going on two years old. I contacted a sister out of state to see if she could care for the child. She said she would, but she couldn't get here until the following day. I said fine.

B. got very sick during the night. I took her to the hospital. She stayed there for five hours before seeing a doctor. The doctor finally saw her, and told her he still didn't have a bed for her. He told her to go to another hospital because she was hemorrhaging and needed treatment. I tried to call back the doctor to see if he had called the other hospital to make arrangements and to see if the hospital could provide direct transportation. However, I couldn't get in touch with the doctor. I was given a different telephone number at least five times. I finally got through to someone who had the doctor paged, but he didn't answer. I finally picked up B. and took her to the other hospital where she was admitted.

Although my client was ultimately admitted to a different hospital, I was unsuccessful in getting her admitted to the hospital she had selected. My intervention was at the bottom levels, and I should have changed my strategy. I would insist that the first hospital provide a bed for B. Also, I would report to the doctor my difficulty in contacting him.

Incident No. 129

C., a 15-year-old girl, who had formerly been in an agency foster home, under the care of the state department of child welfare, ran away from a deplorable, destructive situation in her own home back to the foster home. I was called by the foster parents.

My goal was to obtain state funding for C. so that she could remain in agency care. Also, as we had to go to court over custody, we needed the public agency's support.

I called, repeatedly, the intake supervisor at division of child welfare only to hear that he was uncertain about what he could do, etc., and that if C. did come under state custody, she would have to leave her foster home for one that was in her area, i.e., her mother's locale. I was getting the runaround in an effort to make me give up on the case.

I spoke with my supervisor who decided to call another supervisor at the child welfare agency - a friend and former colleague - in order to bypass the intake supervisor. Her friend reopened the case and authorized funding. There was no further problem. C. was able to continue in foster care, and support of the public agency was behind the request for custody.

Advocacy was effective because my supervisor knew the workings of the other agency and was able to use her personal influence to overcome the obstacles put in our way by the intake supervisor.

Decision about the object of intervention may also reflect a shift in objectives. In incident no. 110 below, for example, the worker had originally attempted to solve a number of problems with the target system on a case level; but eventually he decided to move to a class action and organized a community group to meet with direct service, supervisory, and administrative personnel in the target system.

Incident No. 110

The social worker from the area school talked with our agency about the large number of children cutting school. We were working with many of these children and from the information we were getting from them, the reasons for their absence from school was partially their own fault, but was due mostly to school and family situations: teachers making children feel unworthy; students never hearing when issues come up between them and teachers; teachers not taking enough time with slow learners; parents keeping children home to help with housework and watch younger children; parents not available to send children off to school, etc.

My goal was to make the school and parents see how they were contributing to the problem and what they must do to help.

A meeting was called among school personnel (school represented by social worker and principal) and our agency and other agencies where it was decided to call a meeting and strongly request the presence of parents. The residence manager sent letters to all parents on a list compiled by agency and school personnel. The majority of the parents came to the meeting; they were very hostile, mainly because many of them felt guilty and really didn't know what to expect from the meeting.

The issues were presented to the parents, school officials and others present. They were informed of the seriousness of not keeping the children in school and of the treatment of the children at the school. It was brought out how important it is for school and parents to work together rather than against each other. I offered my agency's help and services as the need indicated. A committee of parents was formed to "police" the area each day in order to send children to school who were cutting. Other suggestions were made, and a follow-up meeting was scheduled after all had had time to work on the problem.

It is too soon to tell how effective the action taken was, but we did bring together school personnel and parents to talk over the problem which both groups are concerned about.

X. Level of Intervention - This refers to the governmental or organizational level at which the intervention takes place. Does the advocate work at the local or county level? Or does he attempt to intervene at the state or national levels?

The levels of intervention in the incidents reported by the advocates were as follows:

Local/County	155	(95.1%)
State	8	(4.9%)
National	0	

(Categories are not mutually exclusive; therefore although they happen to total 100.0% in the sample incidents, this is a coincidence.)

The advocate's decision regarding level of intervention is directly related to his sanction and objectives. As

indicated earlier, most of the advocacy incidents reported took place at the local or county level. In the food stamp incident cited previously (no. 15), however, the advocate was quick to seek recourse at the state level when his efforts at the local level failed. Similarly, in incident no. 180 below, the worker went to the regional office of the state agency when he was unable to attain his objective at the local level. In both of these incidents, however, it is clear that the advocate had strong sanction for his intervention.

Incident No. 180

A., a 9-year-old girl, had been absent from school for a month when the school called my agency. They had tried to reach Mrs. J., A.'s mother, but could not. They asked if my agency could identify the problem, as they could not get into the J. home. The J.s are a white, lower-class family.

My goal was to try to discover what problem(s) were keeping A. out of school and to alleviate them.

When I arrived at the J. home, I found a crisis situation. Mrs. J. had applied for aid to families of dependent children (AFDC) eight months ago, and a worker had come and noted in his report that things were in such a disastrous state that he didn't know where to begin. As a result, he did nothing and subsequently left his job. The conditions grew worse. Mrs. J. (four times hospitalized for paranoid schizophrenia), A., and three toddlers and a dog shared one bed - no sheets, one tattered blanket, one broken filthy over-stuffed chair, two kitchen chairs and table, one dresser. A. was not attending school because she had no clothes and was ashamed of her appearance.

When I approached AFDC (local level) about this, they said they could no longer allocate emergency funds for clothing, furniture, etc. because this can only be done within the first thirty days after application. The fact that the J. family's worker did not procure these things as he should have and that Mrs. J. was not mentally capable of demanding her rights did not alter the situation in their eyes.

After two months of my cajoling, pleading, and demanding that they allocate funds, provide a homemaker, etc., I finally wrote up a press release and informed the head of the regional AFDC that I was going to hand-deliver it to the area television station and newspaper if funds were not allocated within twenty-four hours. Four hours later, I had written agreement as to furniture that would be purchased and a check for $300 for clothing. As a result of several more months of pressure, the furniture is now in the home and there is a homemaker. A. is in school. Our agency provided clothes for her.

Advocacy was effective. I was not intimidated by welfare because I have had lots of experience with this type of thing and knew how to go about achieving my objective. I can also whip up a good press release.

Sometimes, of course, it is not even necessary for the advocate to intervene at the state level as the threat of this action is sufficient to produce the desired effect, as in incident no. 33 below.

Incident No. 33

I met Mr. W. and his family while doing a neighborhood canvass and observed that children (aged 4-7) did not have adequate clothing for the approaching cold and rainy days. My goal, at first, was to provide adequate clothing for the children, but on my second visit, I learned how serious the situation really was.

Mr. W. has been separated from the children's mother for over three years. Mr. W. is 71 years old. He is illiterate, unable to work, and has a drinking problem. The children's mother is in her twenties and has since been in court with her new husband for childbeating. She has had no contact with the family since she left. A social worker is assigned to the family.

Mr. W. is dissatisfied with the homemaker (assigned by welfare) who comes only one day a week and is not there in the mornings to help children get dressed for school, and does not do housework. The school had reported that the children were not well-groomed. This was reported in a letter which Mr. W. could not read.

I arranged a meeting attended by a person from my agency, the social worker, homemaker, her supervisor and myself to discuss the misunderstandings between Mr. W. and welfare. This resulted in some temporary improvements

in the situation. Shortly thereafter, new problems arose.

A disagreement between Mr. W. and the homemaker caused her to leave. At a meeting with welfare, my major goal was to get more adequate homemaker service. Welfare said I wanted a housekeeper, not a homemaker. I persisted, saying that the need wasn't being met, and threatened to write to state capitol. Welfare agreed to assign another homemaker who proved to be much more helpful to the family.

My intervention was successful. The children have received clothing; the oldest child's orthopedic problem is being treated; and another homemaker was placed in the home (due to threat tactic). I feel there is more communication between Mr. W. and his family, and between Mr. W. and welfare. However, he will need the help, interest and understanding of welfare and the school in order to continue to keep his family together.

XI. Method of Intervention - This refers to the means employed by the advocate in attempting to achieve the desired objective. Advocacy methods can be considered at three levels of abstraction: 1) the technique or systematic procedure actually employed; 2) the mode of intervention or way of acting; and 3) the strategy or plan of action.

Six major modes of intervention can be identified in the advocacy process. The direct modes of intervention are intercession, or pleading on the client's behalf; persuasion, or convincing by reasonable argument; negotiation, or settling by mutual discussion and compromise; pressure, or exerting strong and continuous influence; and coercion, or compelling by force. (The techniques associated with each of the direct modes of intervention are listed below.) The indirect mode of intervention includes such techniques as educating or preparing the client to act on his own behalf; organizing a community group to take direct action; asking some third-

party to intercede or mediate; system dodging or utilizing a variety of roundabout or evasive means to avoid direct contact with the target system; and constructing alternatives or working to create or discover client options other than those presented by the target system.

The modes of intervention and specific techniques employed in the advocacy incidents were classified as follows:

Intercession	122	(74.9%)
Request	107	(65.6%)
Plead	31	(19.0%)
Persist	62	(38.0%)
Persuasion	132	(81.0%)
Inform	87	(53.4%)
Instruct	12	(7.4%)
Clarify	70	(42.9%)
Explain	123	(75.5%)
Argue	52	(31.9%)
Negotiation	73	(44.8%)
Dialogue	47	(28.8%)
Sympathize	10	(6.1%)
Bargain	32	(19.6%)
Placate	15	(9.2%)
Pressure	34	(20.9%)
Threaten	6	(3.7%)
Challenge	29	(17.8%)
Disregard	3	(1.8%)
Coercion		
Deceive	1	(0.6%)
Administrative Redress	4	(2.5%)
Legal Action	4	(2.5%)
Indirect		
Client Education or Counseling	50	(30.7%)
Community Organizing	3	(1.8%)
Third-Party Intervention	35	(21.5%)
System Dodging	19	(11.7%)
Constructing Alternatives	21	(12.9%)

(Categories are not mutually exclusive; therefore they do not total 100.0%)

There are three major strategies employed in the advocacy process: collaborative, in which the advocate attempts to elicit the interest or support of the target system, posing the advocacy issue as a joint problem on which they must work together; mediatory, in which the advocate acts as an intermediary in hope of effecting an agreement of compromise between the client and target system; and adversarial, in which the advocate envisions the target system as an opponent and proceeds accordingly.

For analytic purposes, the incidents were classified according to the primary strategy employed. If the advocate employed only intercession and/or persuasion as the mode of intervention, the strategy was described as collaborative. If the advocate employed negotiation, either independently or in combination with collaborative techniques, the strategy was described as mediatory. And if the advocate used pressure and/or coercion, either independently or in combination with other modes of intervention, the strategy was classified as adversarial. Because of the difficulty of categorizing indirect techniques, incidents in which there was no direct intervention were not classified as to strategy. The strategies employed in the sample incidents were identified as follows:

Collaborative	48	(32.0%)
Mediatory	63	(42.0%)
Adversarial	39	(26.0%)
Total	150	(100.0%)

As suggested earlier, the advocate's decision regarding specific modes and techniques of intervention is a complex one that must reflect his assessment of the other major variables in the advocacy process. Generally, the advocates employ a blend of techniques as is evident in the incidents cited in the chapter. Sometimes, as in the incident of unfair labor practices (incident no. 4), the advocate employs an adversarial strategy from the beginning because of the nature of the problem and the attitude of the target system. More frequently, however, the advocates start with a collaborative approach, using a blend of intercession and persuasion, and if it seems necessary they may employ negotiation. If this approach fails and they have a strong enough case, i.e., the problem is serious and the sanction is clear, they generally move into an adversarial approach, employing pressure and coercion if necessary. Incident no. 29 provides a clear illustration of this approach, as the advocate skillfully shifts from intercession to persuasion and negotiation and finally employs pressure by challenging a previous action on the part of the target system. As soon as the target system accedes to his request, he shifts back to a collaborative approach, complying with the guidance counselor's request that he do some of the work necessary to insure that his request be carried out.

Incident No. 29

C., a 15-year-old girl, has had a school truancy problem for several months. She called me to say she had been suspended for being caught outside the school during a class. I talked with the assistant principal who said C.'s mother would have to come to school before C. could return to school. We made arrangements to go there the next morning.

C. was very upset because she knew her father would find out, and she was afraid he would beat her. She ran away from home that afternoon. The next day, the guidance counselor called me and said C. was not suspended. Exams had started that day. That night C. called me and told me where she was and asked that I come and get her. The day after, I went to the school with C. and her mother.

My goal was to get C. back in school and to persuade the teachers to let C. take the exams she had missed as well as the rest of her exams.

I talked with the guidance counselor and principal about C.'s behavior and requested that they allow C. to take her exams. They said that since hers was an unexcused absence they were not required to do this. They also said that C. had been out of class more than she had attended. The principal said that if C.'s attendance improved, they might be able to ask the teachers to give her a make-up exam, but not until then.

I argued that it was partly their fault that nothing more had been done to keep C. in school, since I had requested that either the parents or I be notified of C.'s progress and of the number of days she was out of classes. No one had gotten in touch with the parents or me. The principal said he felt that a 15-year-old should be responsible for her own actions. I agreed, but asked what they should do when they found that someone was not that mature. The only answer was that they were too understaffed to keep this close a watch on each student.

I also asked why C. was given the impression she was suspended if this was not the case. The principal said he would be glad to work with me in trying to keep a day-to-day report on C.'s attendance. The guidance counselor then told us to talk to each of C.'s teachers about the make-up exams. This was done, and C. was allowed to take the two exams she had missed and to return to her regular exams the next day.

I feel my intervention was successful. I would not take no for an answer or let C. bear full responsibility for what happened, since the school officials had not notified me of C.'s situation. I felt the school officials became receptive and placative when I modified my approach and indicated what their responsibility was to C.'s parents.

XII. Outcome - This refers to the actual result of the advocate's intervention. Is the objective achieved wholly or in part? If not, is there some other satisfactory solution? If there is no change, does the problem remain the same or has the situation deteriorated as a consequence of the advocate's intervention?

The outcome of the advocacy interventions reported were distributed as follows:

Achieved	104	(63.8%)
Partially Achieved	36	(22.1%)
Other Result	6	(3.7%)
Nullified	2	(1.2%)
No Change	15	(9.2%)
Total	163	(100.0%)

As discussed earlier, there was no independent assessment of outcome. The results summarized above are based entirely on the advocates' reports and reflect their judgment (immediately following the incident) as to probable outcome. Therefore, it seems likely that the high rate of success reflects some worker bias in the selection, reporting, and evaluation of incidents. This factor, of course, constitutes a major limitation on the findings of the study.

The unsuccessful incidents which were reported were instructive, however, in that most of the failures seem to be due to real intransience on the part of the target system, worker mishandling, or lack of cooperation from the client. Incident no. 7 below, for example, is typical

of most of the unsuccessful incidents.

Incident No. 7

School social worker asked if I would work with D., a 16-year-old, black tenth grade student, who had just physically attacked a teacher. D. told me the teacher had accused him of extorting money from some of the students in class and had tried to throw him out of the classroom. D. then hit the teacher with a chair.

I talked with the teacher who acknowledged that what D. had told me was true. He said D. had been extorting money for some time. I asked if D. had been extorting when the incident occurred. He said no, but that D. had been creating a disturbance in class. I asked teacher how he felt incident should be handled and he said if D. was withdrawn from school, he wouldn't press charges. I talked with the school officials, and they agreed with the teacher.

My primary goal was to see if D. could remain in school, providing he became involved with a group counseling program.

I talked again with the teacher and explained my idea to him. He felt D. would only be involved in another incident, and it was about time that strict action be taken against disruptive students. I mentioned to him that he failed to take into account the present racial tensions and the basic value system of the students (school is predominantly black). The problem with confronting a student in front of his peers is that he can't act in accord with peer values. I told him things might have worked out differently had he asked D. to go out in the hall with him instead of losing his temper and confronting D. in class. The teacher wouldn't change his original stance, and stated if D. wasn't withdrawn from school, D. would face legal action. I talked again with school officials who backed D.'s withdrawal.

I explained the situation to D. who felt the school was being unfair since the teacher had attacked him first. I told him I understood how he felt, but that the administration felt he lacked control and that he should be involved in an alternative program. I told him I thought we might be able to find a program that would allow him more freedom and a chance to discuss differences before they reach an explosive stage. D. refused to look at any other programs. At this time, he is not attending any school.

Intervention was unsuccessful. The administration was hostile to my request and reasoning. It always backs the teachers, although some teachers would have been more understanding and reasonable. Generally, the problem is that of a white-run school in a black community. Teachers are upset and threatened by the changes in the student body

and make no attempt to accommodate. I felt suspension procedures would be useless, because administratively controlled.

If this incident is contrasted with some of the successful incidents reported earlier, it can be seen that the major difference seemed to be that the workers in the unsuccessful incidents limited their activity to low level, case-focused advocacy and accepted the outcome of their initial interventions. In contrast, the workers who were successful either persisted despite the initial resistance of the target system, as in incident nos. 15 and 180, or moved into class advocacy, as in incident nos. 68 and 110. This difference certainly highlights the importance of evaluation, feedback, flexibility, and innovation in the advocacy process. This theme will be elaborated further in the following chapter.

CHAPTER VII

THE ADVOCACY PROCESS

Case advocacy was revealed in this study as a complex, dynamic process in which there are a number of interrelated variables. Chapter VI described the researcher's effort to identify and classify the most critical variables in this process. After developing this classification scheme, it seemed important to analyze the interrelationship among the variables in order to explain some of the dynamics of the advocacy process.

At some future time it should be possible to identify a limited number of models of advocacy practice which would specify more precise relationships among such variables as type of problem, objective, target system, and mode of intervention. These models could then be delineated in a typology of advocacy interventions which would more efficiently account for variation in practice. It was not possible for this researcher to derive such a typology from the empirical data presented here for several reasons. First, the primitive state of current knowledge about the advocacy process required that this study employ a design which would enable the researcher simply to identify the major dimensions in the process; and although the critical incident technique was suitable for this purpose, it did not provide adequate data

of the sort which would permit thorough analysis of dynamics. In addition, it was observed that the relationships among the major components of the advocacy process are multivaried and interactive rather than linear in nature, and that idiosyncratic factors often appear to assume critical significance; yet existing methods of data collection and analysis do not provide any ready means of explaining such complex phenomena. Therefore, it does not seem possible at the present time to account for all the dynamics in the advocacy process on an empirical basis.

That it is not possible to develop a typology specifying the interrelationship among variables in different models of advocacy practice should perhaps not be surprising in view of the fact that researchers have not been able to discover any clear relationship between type of problem and treatment technique in psychotherapy or direct casework practice.[1] As casework treatment generally involves a blend of techniques selected for a variety of reasons, so it seems that advocacy practice frequently demands a complex interventive approach which is shaped by a number of factors.

Despite this, the researcher still thought it was important to begin to examine the dynamics of the advocacy process. This was accomplished in two ways. First, after identifying the major variables, she analyzed case incidents

---

[1]For a fuller discussion of this issue, see Briar and Miller, op. cit., pp. 140-142.

in order to discover patterns of relationship among these components. In addition, quantitative associations among selected variables were completed in order to examine further the relationships suggested by the advocacy incidents. As a result of these efforts, it was possible to derive a hypothetical matrix of forces or major components in the advocacy process. It should, however, be emphasized that this analysis of the interrelationship among major variables is offered as a very tentative hypothesis, but one which the researcher hopes will help to explain some of the dynamics of the advocacy process.

The next section of this chapter describes the quantitative associations among selected variables in case advocacy. The concluding section of the chapter presents a diagram of the hypothetical relationship among major components in the advocacy process and suggests a model for decision-making based on this matrix of forces.

Change Agent

Two variables included in the classification scheme (see Figure 1, Chapter VI) which appear to have a significant influence on the nature of the advocacy process are the change agent and the target system. Unlike the other variables identified as major components of the advocacy process, these two are relatively independent in that they

are not influenced by the situational factors surrounding specific interventions. Hence, their influence remains relatively constant.

In regard to the change agent, it can be noted that the agency setting in which the advocate is employed appears to wield a strong influence on the type of strategy[1] and number of resources he employs. For example, as Table 8 demonstrates, the number of incidents in which adversarial techniques were used ranged from 4.8% in one agency to 36.4% in another[2]; the use of mediatory techniques ranged from 15.4% to 71.4%; and the respondents in one agency used collaborative techniques exclusively in only 18.2% of the incidents, whereas advocates in two other agencies employed this strategy in 50.0% of their incidents. Although the differences were not as pronounced, wide variation among the agencies was also noted in regard to the number of resources, objects, and modes of intervention employed.

Although it was the researcher's impression that individual worker style has a strong influence on the nature of the advocacy process, the sample was not large enough to

---

[1]As discussed in Chapter VI, for analytic purposes the methods of intervention have been collapsed into three basic strategies: collaborative, mediatory, and adversarial.

[2]It is surprising to note that the agency employing an adversarial strategy most frequently was the one agency in the study which did not have a formal advocacy program.

TABLE 8

MODE OF INTERVENTION BY AGENCY

MODE OF INTERVENTION[a]	A	B	C	D	E	F	G	H	TOTAL
				(Percentages)					
Collaborative	19.0	23.8	50.0	50.0	27.3	33.4	42.9	18.2	32.0
Mediatory	47.7	71.4	15.4	31.3	50.0	33.3	42.9	45.4	42.0
Adversarial	33.3	4.8	34.6	18.7	22.7	33.3	14.2	36.4	26.0
TOTAL NUMBER	100.0 (21)	100.0 (31)	100.0 (26)	100.0 (16)	100.0 (22)	100.0 (15)	100.0 (7)	100.0 (22)	100.0 (150)

[a]In order to avoid identifying specific agencies, letter codes have been used.

00127

permit analysis of this issue. When the change agents were classified according to level of education, however, significant differences were noted in regard to the number of resources and modes of intervention employed. Generally, advocates with professional training tended to make greater use of mediatory approaches and to employ a wider range of interventive techniques and a greater number of resources than the non-professionals. Table 9 below, for example, demonstrates the difference between these two groups in regard to the number of resources and modes of intervention employed. Although professional training influenced the change agents' methods of intervention in the ways described, neither social work education nor in-service training seemed to have any significant influence on the methods employed by the advocates.

Target System

The target system was also noted to have a distinct influence on the advocacy process in regard to such variables as problem, objective, sanction, strategy. In Table 10 below, for example, it can be seen that there were significant differences in the objective of advocacy intervention with various types of target systems.

As might be anticipated, the majority of interventions with the juvenile justice system (60.9%) were directed toward preventing client involvement with the system, whereas only 3.3% of interventions with the educational system had this

TABLE 9

RESOURCES AND MODE OF INTERVENTION
BY PROFESSIONAL TRAINING

NUMBER OF RESOURCES EMPLOYED[b]	PROFESSIONAL TRAINING[a] Yes	No	Total
	(Percentages)		
Low (0-2)	17.4	38.3	29.5
Medium (3-5)	55.1	50.0	52.1
High (6-7)	27.5	11.7	18.4
Total	100.0	100.0	100.0
Number	(69)	(94)	(163)

$X^2 = 11.523$, d.f. = 2, p = .004

MODE OF INTERVENTION	PROFESSIONAL TRAINING Yes	No	Total
	(Percentages)		
Collaborative	19.7	41.7	32.0
Mediatory	54.5	32.1	42.0
Adversarial	25.8	26.2	26.0
Total	100.0	100.0	100.0
Number	(66)	(84)	(150)

$X^2 = 9.994$, d.f. = 2, p = .007

[a] Advocates were coded as having professional training if they had earned a master's degree in education, psychology or social work. (These were the only fields in which the respondents had achieved this level of education.)

[b] Number of resources refers to the number of resources employed in a single incident out of a possible total of 12. This variable was coded as follows: 0,1,2 = low; 3,4,5 = medium; 6,7 = high.

TABLE 10

OBJECTIVE BY TARGET SYSTEM

OBJECTIVE	TARGET SYSTEM							
	Education	Juvenile Justice	Social Service	Financial	Health	Housing	Other	Total
	(Percentages)							
Securing Existing Services	37.7	17.4	50.0	81.2	60.0	87.5	85.8	49.3
Enhancing Existing Services	59.0	21.7	38.9	18.8	40.0	12.5	7.1	38.0
Preventing Involvement with Target System	3.3	60.9	11.1				7.1	12.7
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
NUMBER	(61)	(23)	(18)	(16)	(10)	(8)	(14)	(150)

as an objective. Instead, 59.0% of the incidents which had school system as a target were directed toward enhancing existing services and resources. And, as might be expected, incidents involving financial assistance and housing programs, in which benefits are generally specified by law, were most often directed simply toward securing existing services or resources.

There was a fairly consistent difference among the various types of target systems in regard to their receptivity to the advocates' intervention. As illustrated in Table 11 below, the juvenile justice system was receptive in 66.7% of the incidents and unreceptive in only 8.3% of the incidents; in contrast, the financial assistance and housing agencies were receptive in 23.5% and 14.3% of the incidents, and unreceptive in 47.1% and 85.7% of the incidents, respectively. The educational, social service, and health systems tended to be more evenly distributed in relation to this variable.

This type of target system involved in the incident also had a significant influence on the type of strategy the advocate employed. As illustrated in Table 12 below, a mediatory approach was used most frequently with the majority of target systems. However, this approach was not used at all with financial assistance programs and it was used only 27.3% of the time with health agencies. Instead, the advocates relied heavily on collaborative techniques in working with the health agencies (72.7%) and made extensive

00181

TABLE 11

RECEPTIVITY OF TARGET SYSTEMS

ATTITUDE OF TARGET SYSTEM	TARGET SYSTEM							
	Education	Juvenile Justice	Social Service	Financial	Health	Housing	Other	Total
	(Percentages)							
Receptive	46.0	66.7	47.4	23.5	50.0	14.3	40.0	45.2
Neutral	27.0	25.0	26.3	29.4	16.7		13.3	23.6
Unreceptive	27.0	8.3	26.3	47.1	33.3	85.7	46.7	31.2
TOTAL NUMBER	100.0 (63)	100.0 (24)	100.0 (18)	100.0 (17)	100.0 (12)	100.0 (7)	100.0 (15)	100.0 (157)

00182

TABLE 12

MODE OF INTERVENTION BY TARGET SYSTEM

MODE OF INTERVENTION	TARGET SYSTEM							
	Education	Juvenile Justice	Social Service	Financial	Health	Housing	Other	Total
	(Percentages)							
Collaborative	23.3	19.0	36.8	47.1	72.7	20.0	31.3	31.5
Mediatory	50.0	62.0	42.1		27.3	40.0	43.7	42.3
Adversarial	26.7	19.0	21.1	52.9		40.0	25.0	26.2
TOTAL NUMBER	100.0 (60)	100.0 (21)	100.0 (19)	100.0 (17)	100.0 (11)	100.0 (5)	100.0 (16)	100.0 (149)

001883

use of adversarial approaches with these latter target systems may reflect the fact that services and resources of these systems are often guaranteed by law; therefore, the advocate can risk precipitating a direct confrontation. However, it should also be noted that housing and financial assistance agencies are usually forced to function with insufficient resources and often erect barriers to access as a means of controlling their scarce resources. Therefore, it may be necessary to employ an adversarial approach to overcome the obstacles to service so prevalent in these target systems.

An elderly "bag woman" cited in a poignant book on the problems of the aged described these service barriers and the tenacity required to overcome them quite eloquently:

> "This is my social life," she said. "I run around the city and stand in line. ...I stand in line for medicine, for food, for passes, for the cards to get pills, for the pills; I stand in line to see people who never see who I am. ...When I die there'll probably be a line to get through the gate, and when I get up to the front of the line, somebody will push it closed and say, "sorry. Come back after lunch." These agencies, I figure they have to make it as hard for you to get help as they can, so only really strong people or really stubborn people like me can survive. All the rest die. Standing in line."[1]

---

[1]Sharon R. Curtin, Nobody Ever Died of Old Age (Boston: Little, Brown and Company, 1972), p. 90.

Problem, Objective and Sanction

There is a close association among many of the other variables in the advocacy process. For example, in Table 13 below, it can be seen that when the problem was related to structure or personnel, the objective was primarily that of securing existing services. In contrast, in those incidents in which the problems were primarily individual or transactional in nature, the objective was more likely to be that of enhancing existing services or preventing client involvement with a dysfunctional service system.

There was also a close association between the objective and sanction for the advocacy intervention. As Table 14 below illustrates, when the objective was that of securing existing rights or services, the sanction derived from law or entitlement over half the time. In contrast, when the objective was either to enhance existing services or to prevent client involvement with the target system, the sanction was that of administrative discretion or social value in all but a few cases.

The problem, objective, and sanction are all related to the receptivity of the target system and the number of resources employed for the intervention. In Table 15, below, for example, it can be seen that the target systems were receptive over half the time when the sanction derived from administrative discretion. In contrast, the target systems were unreceptive in over half the incidents in which the

TABLE 13

OBJECTIVE BY PROBLEM

OBJECTIVE	PROBLEM					
	Individual	Transactional	Structural	Personnel	Community Network	Total
	(Percentages)					
Securing Existing Services	23.8	45.7	50.0	60.0	66.7	49.3
Enhancing Existing Services	42.9	42.9	36.4	40.0	20.0	38.0
Preventing Involvement with Target system	33.3	11.4	13.6		13.3	12.7
TOTAL NUMBER	100.0 (21)	100.0 (35)	100.0 (44)	100.0 (35)	100.0 (15)	100.0 (150)

$X^2 = 17.880$, d.f. = 8, p = .023

TABLE 14

SANCTION BY OBJECTIVE

SANCTION	OBJECTIVE: Securing Existing Services	Enhancing Existing Services	Preventing Involvement with Target System	Total
		(Percentages)		
Law	23.0		5.3	12.0
Entitlement	32.4	12.3		20.7
Discretion	31.1	42.1	52.6	38.0
Value	13.5	45.6	42.1	29.3
TOTAL NUMBER	100.0 (74)	100.0 (57)	100.0 (19)	100.0 (150)

$X^2 = 40.583$, d.f. = 6, $p < .001$

00187

TABLE 15

RECEPTIVITY OF TARGET SYSTEM BY SANCTION

ATTITUDE OF TARGET SYSTEM	SANCTION				
	Law	Entitlement	Discretion	Value	Total
	(Percentages)				
Receptive	27.8	13.4	55.9	58.8	45.6
Neutral	22.2	33.3	16.9	25.5	23.4
Unreceptive	50.0	53.3	27.2	15.7	31.0
TOTAL Number	100.0 (18)	100.0 (30)	100.0 (59)	100.0 (51)	100.0 (158)

$X^2 = 24.929$, d.f. = 6, $p < .001$

sanction derived from law or administrative entitlement. There are a number of possible ways to interpret this finding; however, it seems likely that the advocates were hesitant to intervene with unreceptive target systems unless they had strong sanction for their advocacy, and that there was little need for them to intervene with receptive target systems in regard to matters of law or entitlement because cooperative organizations would be unlikely to deny clients existing rights or entitlements.

Table 16 describes the relationship between the problem source and the number of resources employed. It can be seen that the greatest number of resources were employed when the problem was intraorganizational (structural or personnel) or interorganizational (community network), whereas the fewest number were employed when the problem was located in the individual or primary group. It is somewhat difficult to understand the reasons for this finding. However, it seems probable that in many instances where the problem is primarily an individual one, the target system is receptive to the advocate's request so he has to use few resources to attain his objective; in contrast, when the problem is primarily an organizational one, the advocate must employ all the resources he can command to effect the desired change.

Mode of Intervention

The variables of target receptiveness and number of resources discussed above, as well as the problem, objective,

TABLE 16

NUMBER OF RESOURCES BY PROBLEM

NUMBER OF RESOURCES EMPLOYED	PROBLEM					
	Individual	Transactional	Structural	Personnel	Community Network	Total
	(Percentages)					
Low (0-2)	56.5	24.3	9.1	40.5	31.8	29.4
Medium (3-5)	39.1	59.5	61.4	45.9	45.5	52.1
High (6-7)	4.3	16.2	29.5	13.5	22.7	18.4
TOTALS NUMBER	100.0 (23)	100.0 (37)	100.0 (44)	100.0 (37)	100.0 (22)	100.0 (163)

$X^2 = 22.377$, d.f. = 8, p = .005

00130

and sanction, are all significantly associated with the strategy or mode of intervention employed. In Table 17 below, for example, it can be seen that the less receptive the target system, the more likely the advocate was to use an adversarial approach and the less likely he was to use a mediatory one. It is, of course, to be expected that the advocate would perceive the target system as an opponent and make greater use of adversarial techniques when the target system is unreceptive than when it is receptive to his initial request. In Table 18, below, it can be seen that the advocates were likely to use a collaborative or an adversarial approach when the goal was that of securing an existing right or service, whereas they were more likely to use a mediatory approach when the goal was that of enhancing an existing service or preventing involvement with the target system. This finding is somewhat more difficult to interpret. However, it seems that when the objective is that of securing an existing service or right, the advocate may simply have to ask; failing that, he is likely to turn to an adversarial approach and to insist by whatever means necessary that his request be met. On the other hand, when the objective is that of enhancing an existing service or preventing client involvement with the target system, he must convince the target system, on a rational basis, that his position is correct or at least acceptable; therefore, he is more likely to attempt to negotiate or mediate with the target system. Since these latter objectives frequently

TABLE 17

MODE OF INTERVENTION BY
RECEPTIVITY OF TARGET SYSTEM

MODE OF INTERVENTION	ATTITUDE OF TARGET SYSTEM			
	Receptive	Neutral	Unreceptive	Total
	(Percentages)			
Collaborative	30.9	34.3	31.1	31.8
Mediatory	66.2	25.7	20.0	42.5
Adversarial	2.9	40.0	48.9	25.7
TOTAL NUMBER	45.9 (68)	23.6 (35)	30.4 (45)	100.0 (148)

$X^2 = 42.645$, d.f. = 4 $p < .001$

TABLE 18

MODE OF INTERVENTION BY OBJECTIVE

MODE OF INTERVENTION	OBJECTIVE			
	Securing Existing Services	Enhancing Existing Services	Preventing Involvement with Target System	Total
	(Percentages)			
Collaborative	39.4	22.2	21.4	30.9
Mediatory	25.4	59.3	78.6	43.9
Adversarial	35.2	18.5		25.2
TOTAL NUMBER	100.0 (71)	100.0 (54)	100.0 (14)	100.0 (139)

$X^2 = 23.011$, d.f. = 4, $p < .001$

00192

involve more intangible change than the former, use of influence is likely to be more successful than force or power.

Outcome

The only two variables in the advocacy process which were significantly associated with the outcome of the interventions were the receptivity of the target system and the number of resources employed by the advocate. Table 19 below demonstrates that, as might be expected, the advocates achieved their objectives in 94.4% of the incidents in which the target systems were receptive, whereas they were successful in a somewhat smaller proportion (73.5%) of the incidents in which the target systems were unreceptive.

What is perhaps more interesting is the high association between the number of resources employed by the advocate and his success in achieving his objective. As can be seen in Table 20 below, the greater the number of resources employed, the more likely the advocate was to attain his objective. Although this finding could be interpreted quite simply as indicating that hard work produces results, it is important to remember that the resources comprising this category include such factors as knowledge, influence and skill; and certainly it is to be expected that advocates possessing these resources are more likely to be successful than those without such assets.

00193

TABLE 19

OUTCOME BY RECEPTIVITY OF TARGET SYSTEM

	RECEPTIVITY OF TARGET SYSTEM			
DESIRED OUTCOME	Receptive	Neutral	Unreceptive	Total
	(Percentages)			
Achieved	94.4	83.8	73.5	85.4
Not achieved	5.6	16.2	26.5	14.6
TOTAL NUMBER	100.0 (72)	100.0 (37)	100.0 (49)	100.0 (158)

$X^2 = 10.420$, d.f. = 2, p = .006

TABLE 20

OUTCOME BY NUMBER OF RESOURCES

	NUMBER OF RESOURCES EMPLOYED			
DESIRED OUTCOME	Low (0-2)	Medium (3-5)	High (6-7)	Total
	(Percentages)			
Achieved	75.0	88.2	96.7	85.9
Not achieved	25.0	11.8	3.3	14.1
TOTAL NUMBER	100.0 (48)	100.0 (85)	100.0 (30)	100.0 (163)

$X^2 = 7.957$, d.f. = 2, p=.019

00194

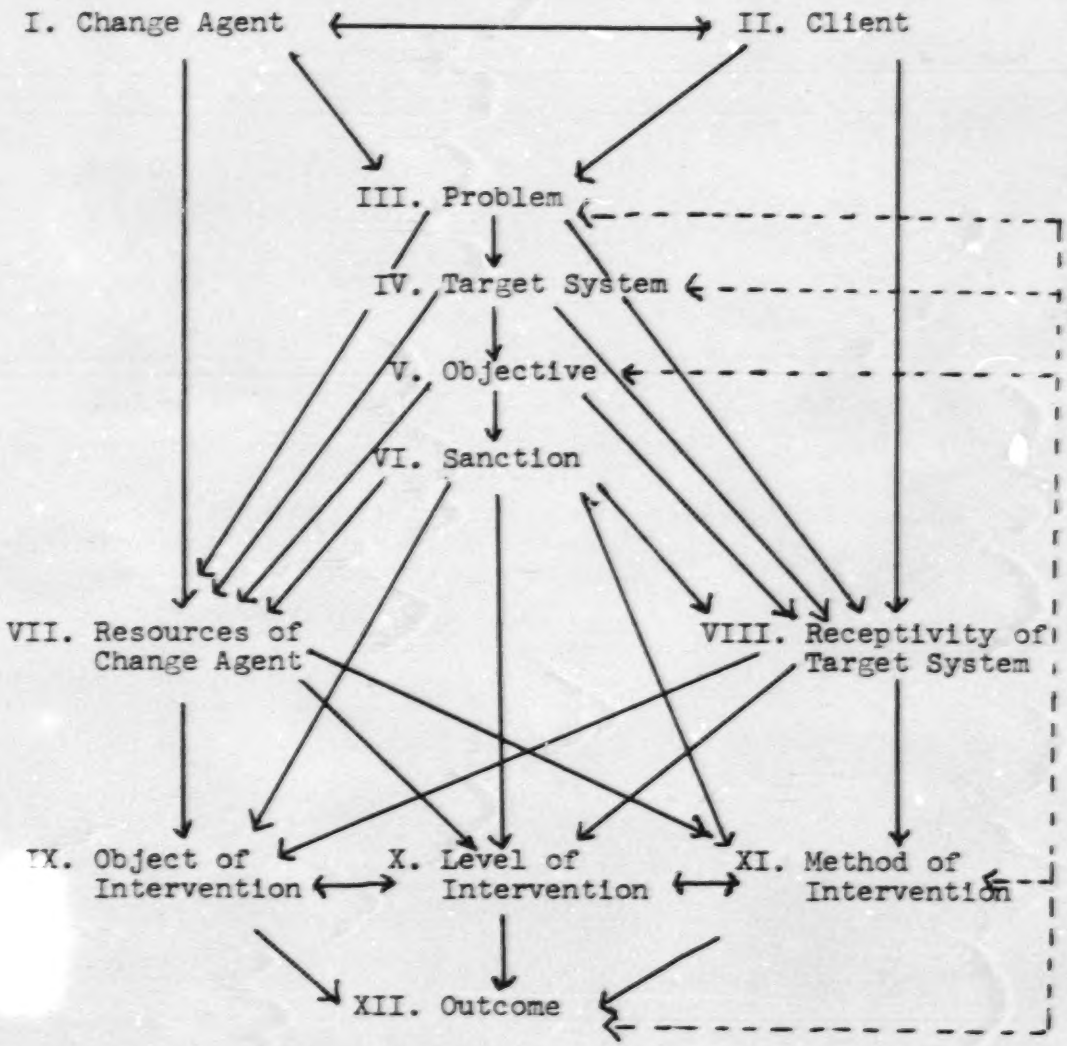
Dynamics of the Advocacy Process

As discussed at the beginning of this chapter and demonstrated in the cross-tabulations presented above, advocacy was revealed in this study as a complex, systemic process in which the major components are all highly interrelated and, at times, tend to overlap. Unfortunately, it is not possible to tease out all the associations among variables or to determine the relative influence of each. It is possible, however, to discern a certain logic in the advocacy process, and to develop a hypothetical matrix of major components. Figure 2 represents an attempt to portray the interrelationship among the major variables in case advocacy in schematic form.

As this diagram illustrates, the advocacy process is usually initiated by the change agent (I) and/or the client (II). Together they delineate the source or location of the problem (III). The appropriate target system (IV) is determined by the nature of the problem; and this, in turn suggests what would be a feasible objective (V). The sanction (VI) for the intervention is derived from the laws and policies of the target system as these are related to the proposed objective.

Although the change agent determines what resources (VII) are available, the selection and use of specific resources is influenced by the problem, target system, objective, and sanction. Somewhat similarly, although the receptivity of the target system (VIII) is controlled directly

Figure 2. SCHEMATIC RELATIONSHIP AMONG MAJOR VARIABLES IN CASE ADVOCACY



00136

by members of the target system, the degree of receptivity often is influenced by the client, problem, objective, and sanction.

All of these variables together determine the object (IX), level (X) and method (XI) of intervention. There is, of course, great interplay among these latter variables so that a shift in one is likely to effect a change in the others.

The object, level, and method of intervention, as related to the variables discussed earlier, determine the outcome (XII) of the intervention. Evaluation of the outcome may, of course, produce feedback leading to a shift in the object, level or method of intervention, or to a change in the delineation of problem, target system, or objective underlying the total advocacy effort.

Critical Decisions in the Advocacy Process

The hypothetical relationship among these variables can perhaps best be understood by examination of the decision-making process of the advocate as he attempts to carry out a specific intervention. Incident No. 55 below will serve for illustrative purposes.

Incident No. 55

The public health nurse and visiting teacher referred the G. family to our agency due to their concern over the housing conditions, illness and truancy of the three children. Mr. G. is in his 40's, has some physical disabilities and is retarded. He had been in vocational rehabilitation, and his counselor there felt he could only work in a sheltered workshop.

Mr. G. had been doing odd jobs in the community, barely earning a living for his family. The G. family lived in a 2-room house with no bath; the house was filled to the top (literally) with junk, as there were no shelves or closets. The G. family paid $20 a month plus utilities. The house was cold and the children had been sick most of the winter, thus missing a great deal of school.

While there were many problems (retardation, unemployment, school concerns), my first goal was to find suitable housing for the family, as they were living in unsanitary, unhealthy, and crowded conditions.

Mr. and Mrs. G. and I discussed better housing and employment. I felt that public housing was the best solution due to the lack of private housing in the area and their current financial situation. I made an appointment to take them to the nearest housing authority so they could make an application. At the housing authority I helped Mr. G. with the application, as he can't read or write and had difficulty answering questions about birthdates, etc.

The personnel woman was very gruff. She asked me how Mr. G. could live on his income - as if he weren't present in the room. I explained that he had been out of work due to the cold weather and that he hoped things would pick up. She continued to ask questions I felt were unnecessary, but I held my temper, as she has a great deal to do with who gets an apartment.

Afterwards I felt the G. family would not get an apartment because Mr. G.'s income was so low and unsteady. I waited a few days and called the housing authority, trying to impress on the woman the family's poor living conditions and our agency's concern for them. Personnel woman was abrupt, but called back in a few days to say that if Mr. G. would sign a statement saying he anticipated earning $1300 next year, she would rent them the apartment. I said we could not guarantee that, but that we planned to continue working with him, and hopefully he would have a steady income. Woman agreed to this, and the G.'s got a 4-bedroom apartment for $30 a month.

Intervention was successful. The housing problem was resolved by my being able to deal with personnel woman's antagonism and possible delaying tactics by making her aware of my agency's concern for the family and the priority of their needs.

When the family in this incident was referred to the agency, the worker's first task was that of delineating the source and location of the problem. (In traditional social work terminology, this process would, of course, be called

the psycho-social diagnosis.) After consultation with the client, she decided that the primary problem was poor housing, a problem created by the lack of adequate housing in the community for families with limited financial resources. Therefore, she decided that she should intervene with the local housing authority in order to obtain public housing for this family. Her sanction for this intervention derived from the fact that the family was within the income limitation prescribed for residents of public housing; since the housing authority does not have to provide for all such families, however, this was a matter of administrative discretion.

In terms of the resources available for this intervention, the advocate relied primarily on her knowledge of the client situation and the target system and on her communication skills. In addition, by highlighting her agency's concern for this family, she apparently drew on her agency's influence in the larger community. Finally, by indicating her optimism about the client's ability to secure a steady income, she was relying on the client's future cooperation.

Although the advocate had evidently had no prior contact with this particular official, her initial contact convinced her that the target system was somewhat unreceptive; and this perception influenced her mode of intervention.

The advocate had little choice in regard to the level and object of intervention in this incident since they were

determined by the objective. In regard to the method of intervention, the advocate had several options, but chose what was essentially a collaborative strategy, employing a combination of intercession and persuasion. During her first contact with the housing authority, for example, she requested, informed and explained. Then when she contacted the target system again a few days later, she pleaded, persisted, and clarified. During her final contact with the housing authority, the advocate refused to guarantee the client's future earnings; however, she did employ what was essentially a mediatory approach by attempting to placate the woman's fear and promising to continue working with the family.

This intervention was, of course, effective in that the family was provided with an apartment. In evaluating the outcome, the advocate suggests that her success was due to the method of intervention she employed in that she was able to counter the lack of receptivity in the target system by communicating the urgency of the family's request and the extent of her agency's concern.

Analysis of the advocacy process, as illustrated in Incidence No. 55 above, suggests that the major questions confronting the change agent as he carries out his advocacy can be identified as follows:

1. What is the source of the problem?
2. What is the appropriate target system?
3. What is the objective?

4. What is the sanction for the proposed intervention?

5. What resources are available for the intervention?

6. How receptive is the target system?

7. With whom should the intervention be carried out?

8. At what level should the intervention take place?

9. What methods of intervention should be employed?

10. What is the outcome? (If the objective has not been achieved, is there another approach which can be employed? If the immediate objective has been achieved, has another problem been identified which requires additional advocacy?)

The answers to these questions should guide the advocate's decision-making process and shape the activities in which he engages. Yet, as the incidents in the preceding chapter suggest, effective advocacy does not rely on careful, logical analysis alone: it also demands sensitivity, flexibility, and imagination, qualities which must reflect the skill and style of the individual worker.

CHAPTER VIII

CONCLUSIONS AND RECOMMENDATIONS

Because of the exploratory nature of this study, the findings must be understood as more suggestive than definitive. As discussed earlier, there were limitations in the original design for the study; and even more difficulties were encountered in its implementation. The primary research tool, the critical incident technique, is itself a rather weak instrument in that data collection is influenced by the subjective judgments of the respondents and certain elements of data integration reflect the subjective judgment of the researcher.

Reflections on the Research Design

In evaluating the research design, it should be recalled that problems were encountered in this study in the data collection phase which previous researchers seemed able to avoid. Although the critical incident technique does not presuppose any sort of random sampling, it does specify that the data be collected in a systematic and uniform manner. The researcher established such guidelines but discovered that she had no way to enforce compliance when the respondents reneged on their original agreement. This meant that the researcher had to extend the

the data collection period, accept incidents submitted on an irregular basis, and make do with fewer incidents than originally planned, all of which increased the probability of worker bias in the data reported.[1]

On a more positive note, the strengths of the critical incident technique are that it supplies systematic data about actual behavior and utilizes the judgments of respondents who are actually engaged in the behavior under study. Hence, it provides a means of ordering and conceptualizing practice wisdom; and certainly this is a necessary antecedent to the development of theory in a relatively unexplored area of practice.

Since the study being reported here had as a primary objective this conceptualization of practice wisdom, one of its major strengths is that it was a national study which drew on the experience of practitioners from a broad range of backgrounds in a wide variety of settings. It would be impossible to draw a random sample of child advocacy practitioners since this is still an undefined universe, but the researcher feels confident that the incidents reported in this study fairly well represent the range and diversity in this field. Many of the problems in data collection described above resulted from this effort to obtain a

---

[1]As discussed in Chapter III, this experience suggests that researchers planning to employ the critical incident technique in future studies should consider the need to have some means of insuring respondent cooperation.

representative sample. The very fact that incidents were solicited from advocates located in various parts of the country, many of whom had limited educational backgrounds and were employed in new rather marginal agencies, meant that it was extremely difficult to collect data on a regular, standardized basis. On the other hand, a major advantage of this study is that it was able to tap the practice wisdom of advocates such as these. Hence, despite its limitations, the study did yield some intriguing - if primitive - insights into the practice of child advocacy.

Summary of Findings

Perhaps the most surprising finding of the study, in view of the extensive literature on the risks of advocacy and the threat which the very term advocacy seems to convey, is that the advocates made such extensive use of collaborative and mediatory approaches. For example, in the 150 incidents of direct intervention reported, only 39 (26%) made any use of adversarial techniques. (And as noted in the previous chapter, the agency employing the highest portion of adversarial approaches was the one agency in which there was no formal advocacy program and in which all the respondents were white professionals.) This finding would certainly seem to challenge the widespread notion that workers in advocacy programs, especially paraprofessionals from minority groups, are more militant than conventionally-employed social workers.

00204

The apparent reluctance of advocates to use adversarial techniques can perhaps be explained by an examination of the role advocates are asked to assume. They are hired and trained to act in a sense as watchdogs for the community in that they are employed in socially sanctioned agencies, many of which are supported by public monies. However, in their role as watchdogs, they are expected to monitor, influence, and sometimes change other socially sanctioned, publically-supported agencies. This means that they must frequently disturb or come into conflict with other representatives of some of the very same interests which have employed them. There is thus an inherent contradiction in the concept of publically-supported advocacy; and practitioners who take on this function are forced to maintain a very low profile if the public is not to decide that their disruptive influence cannot be tolerated, despite the good they might do. (The abrupt termination of funding for many of the more effective advocacy projects established during the War on Poverty attests to this risk.)

One way for advocates to resolve this conflict is for them to abjure the use of power or force except when absolutely necessary. Examining the three basic strategies described in this study, it can be seen that the collaborative approach relies almost entirely on effective communication, whereas the mediatory approach utilizes an equal combination of communication and power, and the adversarial

approach depends almost entirely on the effective use of power. If advocates hope to attain their objectives while creating the least amount of social disruption necessary, then it is appropriate for them to emphasize collaborative and mediatory strategies, employing adversarial techniques only when other approaches have failed. In this context, it should also be noted that advocates generally possess little real power or influence; therefore, not only to avoid unnecessary conflict, but also to conserve the little power and influence they can exert, they must depend primarily on effective communication in their change efforts.

Somewhat related to this is the fact that the advocates tended to employ a limited repertoire and engage in a rather low level of activity. For example, the advocates employed a mean number of only 5.1 techniques per incident out of a possible 24, although the range extended from 1 to 13. Similarly, the greatest number of interventions took place at the staff level (69.6%) and the mean number of objects of intervention was only 1.9. Also, in 155 (95.1%) of the incidents, the advocates intervened at the local or county level and in only 8 (4.9%) did they take any action at the state level.

The advocates' limited activity and their extensive use of collaborative techniques may be explained in part by the receptivity of the target systems. The target systems were reported to be receptive in 43.6% of the incidents and neutral in another 26.4%; therefore, the advocates had to

contend with a lack of receptivity in the target system in only 30.1% of these incidents. This finding would tend to counter the common assumption that the target of change efforts is likely to be hostile or at least resistant to any outside intervention. However, it also raises the possibility that the advocates chose to intervene only when they knew the target system would be relatively receptive. (In other words, the greatest activity may be concentrated where it is least needed.)

Another possible explanation for the low level of activity reported is that the advocates' objectives in these incidents were generally limited to achieving or enhancing some existing benefit for an individual or family. For example, in only 7 (4.3%) of the incidents were the interventions directed toward developing a new resource and in only 3 (1.8%) were the advocates' activities specifically intended to benefit a larger group. By limiting their objectives in this way, the advocates were able to communicate the needs of their individual clients without precipitating any open conflict with the target systems. Hence, the low level of activity and extensive use of collaborative techniques.

The rather limited nature of the advocates' objectives may also help to explain their high rate of success. However, as discussed earlier, the researcher thinks this may also indicate some caution and selectivity in the type of

interventions advocates undertake and some bias in the reporting process, as evidenced in the limited number of failures recorded.

As discussed in the previous chapter, two of the most important variables in the advocacy process seem to be the change agent and the target system. That the style of the change agent seemed to influence the use of specific modes of intervention should perhaps not be surprising in view of studies indicating that worker style is an important determinant of casework treatment techniques.[1] What is more surprising in view of the many recent attacks on professional education is that training seemed to have such influence on the advocates' activities. For example, the respondents with professional training employed a wider range of modes of intervention, a greater number of resources, and a larger number of objects of intervention than did the paraprofessionals in the study sample. It should be noted, however, that no significant differences were noted between professional social workers and professionals in other fields, such as education and psychology.

As mentioned previously, the agency settings also seemed to have a significant influence on the nature of the advocacy activity engaged in by their staffs. However, it is difficult to separate this factor from that of professional education because of the staffing patterns

---

[1]See, for example, Edward Mullen, "Differences in Worker Style in Casework," Social Casework L:6 (June, 1969), 347-353.

within the agencies. And because of the major differences among the agencies in regard to geographic location, target population, objectives, organizational structure, etc., it is impossible to analyze the influence of the various aspects of organizational setting. It would be possible to analyze the significance of these variables only if incidents were collected from a significant number of agencies so that specific organizational factors could be isolated and intervening variables controlled.

The target system was the other major independent variable which appeared to influence the advocacy process. As reported in Chapter VII, there were consistent differences among the various types of target systems in regard to the problem, objective, and sanction for the advocacy, the mode of intervention employed, and the receptivity of the target system. It was surprising, for this researcher at least, to discover that the type of service rendered by the target system is such a constant predictor of these other variables. However, the similarity discovered among same types of target systems in different geographic locations, under different administrators, serving different population groups, serves to highlight the crucial influence of national social policy on local service systems. Certainly, this finding suggests that it might be efficacicus for advocates to become specialists in dealing with different types of target systems.

00209

Despite the apparent significance of what were seemingly idiosyncratic factors and the constant influence of the change agent and the target system, the study did reveal that practitioners of child advocacy engage in a rational process which can be conceptualized and should be elucidated for new practitioners. To summarize this process briefly, the study identified five major modes of direct intervention in child advocacy: intercession, persuasion, negotiation, pressure and coercion. In addition, it was noted that indirect modes of influence are employed frequently. The advocate's use of one or more of these modes of intervention is determined by his analysis of the problem, objective and sanction for the intervention; his resources; and the receptivity of the target system. These variables also influence his decision as to the level and object of his intervention. It appears, however, that there is constant interaction and feedback among these components of the advocacy process so that the change agent constantly reassesses his approach in relation to his changing understanding of these various factors. And after the initial intervention has been completed, the advocate's evaluation of the outcome influences his decision as to whether to terminate his activity, adopt a different strategy, or initiate additional advocacy because of new problems or different objectives which have been identified.

Finally, the study highlighted the importance of the resources of the change agent and the receptivity of the

target system in determining the outcome of case advocacy. This suggests that if advocates do not want to limit their intervention to receptive target systems, they must concentrate on enhancing their resources, defined in this study as knowledge, influence or power, communication skill, client cooperation, agency support, and personal committment.

Theoretical Implications

The analysis of the advocacy process described in this report suggests the following hypotheses about the practice of case advocacy on behalf of children:

1. The major determinants of the advocacy process are the change agent and the target system. However, the choice of strategy for a particular intervention is also influenced by the nature of the problem, the objective, the sanction, the resources of the change agent and the receptivity of the target system.

2. The stronger the sanction for a particular intervention, the greater are the advocate's options in regard to method(s), object(s), and level(s) of intervention.

3. The resources of the change agent, e.g., knowledge, influence, communication skill, etc., and the receptivity of the target system are the primary determinants of the outcome in any incident of case advocacy.

4. When engaged in case advocacy, advocates tend to limit their objectives to those which meet minimal client need and are most easily attainable; similarly, they tend

00211

to employ the lowest level of activity necessary to achieve a given objective.

5. The greater the communication skill of the advocate and the more willing the target system to engage in dialogue, the less likely the advocate is to assert power or employ adversarial techniques.

Areas for Further Research

The theoretical formulations outlined above suggest a number of areas in which further research is indicated. Ultimately, it will, of course, be necessary to verify each of these hypotheses. Because theory and practice in this field is so limited, however, it would be useful at present to concentrate research efforts on the following questions:

1. What determines which cases advocates pursue and the extent of their involvement?

2. What is the success:failure ratio in advocacy practice if all attempted interventions are taken into account? What is it if all requests for intervention are included?

3. How deliberate is the decision-making process which advocates employ in carrying out a specific intervention? What factors influence their decision-making? What is the relative weighting given to different factors?

4. What is the relative importance of different resources of the change agent in determining outcome?

5. What is the relative weighting of all the different variables in the advocacy process in determining outcome?

6. Can specific strategies be identified which are effective with different types of target systems?

7. What components of professional training contribute to more effective advocacy practice? Can staff development programs provide an adequate substitute?

8. How does the practice of class advocacy differ from that of case advocacy? What are the advantages and disadvantages of integrating these modes of practice?

9. What are the relative benefits of client self-help efforts versus case advocacy?

10. What is the most strategic organizational base for different types of advocacy activities? What forces determine which agencies will be most effective in monitoring and enhancing the services of other organizations?

Implications for Practice

One of the researcher's primary motivations for carrying out this study of the advocacy process was to develop a conceptual framework which might serve to enhance the work of practitioners in child advocacy. Hence, the relevance of this research to practice is seen as a critical issue. The study revealed that case advocacy is a very complex process which is not easily analyzed or explained; therefore, it is difficult to describe the immediate pertinence of a conceptual study such as this

for people currently engaged in practice. However, certain implications for practice and staff training can be derived from the study findings.

The fact that workers with professional training seem to be more effective than those without suggests that case advocacy is a practice which can be taught; yet, that there were no differences noted in this study between the practice of advocates with in-service training and those without suggests that the staff training provided in the sample agencies is not serving this educational function. This failure to provide adequate training may result in unnecessary ineptitude on the part of staff. For example, in her evaluative study of community based child advocacy programs, Kamerman concluded, "Among the most important indica of difficulty in project development is failure to provide adequate training for advocacy staff."[1] Certainly, the study helped to identify several significant learning areas which should be included in staff development programs.

First, in regard to the advocacy process itself, the model for decision-making outlined in Chapter VII identifies the salient issues which advocates should be taught to analyze and assess; and the modes of intervention described in Chapter VI provide a listing of the basic techniques which advocates should learn to employ with skill and sensitivity.

---

[1]Kamerman, op. cit., p. 196.

However, it should be emphasized that the resources which the change agent brings tc a particular incident seem perhaps even more important than the specific strategy he employs to carry out the intervention. Therefore, in addition to teaching the advocacy process outlined above, it would be appropriate for advocacy training programs to highlight three major areas: first, developing the advocates' skills in communication and use of power; second, enhancing their general knowledge of human behavior, organizational functioning, and community processes; and finally, teaching the advocates how to acquire and analyze essential information about the target systems with which they are dealing.

Certain implications for the organization and delivery of child advocacy services can also be derived from the study findings. First, the finding that professional training enhances the flexibility and efficacy of child advocacy practitioners raises some question about current staffing patterns in which indigenous paraprofessionals tend to predominate.[1] It would seem that administrators should consider employing at least a combination of professional and paraprofessional staff.

Second, the importance of the change agents' knowledge and skill in determining the outcome of their interventions highlights the need for adequate staff development

[1]Staffing patterns in child advocacy projects were described in Kahn, Kamerman and McGowan, op. cit., p. 60.

and supervision on an ongoing basis.[1]

Third, the finding that the agency's influence with significant members of the target system, the service network, and the community at large is significant in determining the outcome of the advocates' interventions suggests that administrators and board members of advocacy programs should devote considerable energy toward developing this influence.

Fourth, the significance of agency support in determining the outcome of the advocates' interventions suggests that there must be structural support for advocacy activities. It would seem that the social work assertion that advocacy should be an integral component of the professional role is simply not sufficient. As discussed earlier, because of the marginal role advocates are forced to assume, they need continuous organizational support to be effective in their work.

Finally, the fact that the target system is such a significant influence on the nature of the advocacy process indicates that it might be appropriate for advocacy programs to be organized around specific types of target systems; and if this is impossible, it would seem that agencies should at least train their staff to be specialists in dealing with different types of target systems.[2]

---

[1]This is similar to a conclusion reached in the study by Kamerman, op. cit., p. 226.

[2]This conclusion was also reached by Kamerman, op. cit., p. 225.

To conclude, this study of case advocacy on behalf of children has revealed that although this is a complex and unexplored area of practice, it is one in which there is an underlying order and logic. It is hoped that this initial effort at conceptualization will at least serve to stimulate further investigation and analysis of the advocacy process. Those who are now engaged in the important but demanding practice of child advocacy frequently display knowledge, skill, imagination and perseverance. To succeed, however, they must be supported at two levels. First, they require additional clarification and elucidation of the complex tasks they are attempting to perform; and it is at this level that this study has attempted to make a contribution.

What is perhaps more important, however, is that advocates need a responsible political, legal, and administrative system in which to work. As Burgess commented in examining the work of the welfare rights officer in Great Britain, "...this new kind of function will only work properly with social committment behind it. This is more important than simply the skills of a welfare rights 'technician'."[1] It is hoped that in their work on behalf of individuals, case advocates can serve a sort of gadfly function for the system as a whole, exposing deficiencies and clarifying areas in which change is needed.

---

[1]P.A. Burgess, "Rights Man in Welfare." New Society, 25:571 (September 13, 1973), p. 642.

00217

Real change in the existing system of services for children, however, will come about only through action in the political sphere reflecting widespread societal commitment to the welfare of children.

The Columbia University School of Social Work | New York, N.Y. 10025

Child Advocacy Research Project 622 West 113th Street

LETTER TO PROGRAM DIRECTORS

Dear _____:

We have recently completed our national survey of child advocacy programs. Publication of our monograph, Child Advocacy: A National Baseline Study, is expected shortly. You will, of course, receive an early copy of the report, which we hope you will find of interest. Needless-to-say, we were most appreciative of your cooperation in this project.

We are continuing our study of child advocacy, again under the auspices of the Office of Child Development. This year's project will have two major facets: 1) an evaluative study of community-based programs; and 2) an exploratory study of the methods and techniques of child advocacy. I am writing to ask your cooperation in the latter study.

This study on the practice components of child advocacy was undertaken because of the numerous requests we received last year for information regarding training manuals, staff development programs, etc. In view of the rapid proliferation of child advocacy programs, there is obvious need to develop a systematic body of knowledge which can be transmitted to new practitioners. As yet, however, practice far outdistances theory in this area. Therefore, by employing the methodological approach known as the critical incident technique, we hope to be able to capture the practice wisdom gained by participants in various child advocacy programs and to begin to conceptualize this in some meaningful way.

The specific goals of the study are: 1) to discover, analyze and classify the techniques used in the practice of child advocacy; and 2) to develop some beginning theoretical formulations about the conditions necessary for the effective use of specific approaches. At the conclusion of the study a monograph suitable for use as a training manual will be prepared.

If you are willing to participate in the study, we would ask for 2-4 volunteers among your staff to fill out a brief form once a week describing an advocacy activity they engaged in that week. In addition, I would be telephoning them on an occasional basis to clarify responses and obtain any necessary additional information about your program.

I would need time to explain the procedure to your staff, either individually or in a group, and possibly some limited additional time for the telephone and in-person interviews described above. We are prepared to pay the respondents $10 for each report they submit; therefore, the reports need not be filled out on agency time. Arrangements regarding payment, time allocation, etc., can be made in whatever way you wish. I am enclosing a draft of the critical incident report form for your review. (If your staff are very reluctant to make out written reports, I could arrange instead to telephone them on a weekly basis.)

The agencies we are asking to participate in the study were selected carefully on the basis of information gathered last year as unique examples of different types of child advocacy programs. Therefore, we are very hopeful of your cooperation.

I shall telephone you in about a week to answer any questions you might have and, if possible, to discuss arrangements for meeting with your staff.

Again, my thanks for your past cooperation. I am looking forward to meeting with you again.

Sincerely,

APPENDIX B

Information for Respondents in Critical Incident Study

The Study

This study on methods and techniques of child advocacy is part of a larger project conducted by Columbia University School of Social Work and funded by the Office of Child Development/U.S. Department of Health, Education, and Welfare. The purpose of the study is to determine what people actually do when they engage in advocacy. After collecting a number of reports of specific incidents from personnel in a wide variety of settings, the researcher hopes to generalize from these incidents in order to develop a training manual for child advocacy.

In view of the rapid proliferation of child advocacy programs, there is obvious need to develop a systematic body of knowledge and to begin to prepare training materials for those entering the field. This study was undertaken in the hope of learning from the successes and failures of the early leaders in the field. You are being asked to participate in the study because the national study conducted last year by the Child Advocacy Research Project indicates that your program is somehow unique or provides a good example of a particular type of child advocacy program.

Your Role in the Study

With this general purpose in mind, you are asked to recall and write out, briefly but specifically, a number of specific occurrences when you engaged in or observed an especially effective or ineffective act of child advocacy. Your reports of critical incidents will comprise the basic data for this study. An "incident" is not intended to tell the whole story of a case or an event. Rather it is intended to describe a single specific activity, some particular thing done on a particular occasion, typical or interesting in itself, regardless of the eventual outcome of the case or of the efficacy of this particular activity.

Type of Incident to be Reported

As you probably know, the child advocacy label is currently being used to describe a wide variety of programs and activities. Many of you, however, either participated in or are familiar with the baseline study of child advocacy conducted last year by the staff of the Child Advocacy Research Project. This study concluded that the distinguishing characteristic of child advocacy is that it involves intervention on behalf of children in relation to those services and institutions impinging on their lives. This definition distinguishes child advocacy activities, which attempt to influence or change secondary institutions such as schools, hospitals and

neighborhood facilities from child welfare activities, which have traditionally attempted to influence or change children and/or their families directly. The study conducted last year also pointed out the difference between case advocacy (action on behalf of an individual child) and class advocacy (action on behalf of a class or group of children). In the current study you are asked to report incidents which fall within the above definition of child advocacy and which have case advocacy as their goal. (Since effective advocacy for a specific child may often necessitate action which benefits a larger group of children, you may also report incidents of class advocacy if they were initiated with the welfare of a particular child in view).

How To Select Incidents

To be reported, an incident should be something you yourself engaged in or observed recently and thought to be a particularly effective or ineffective child advocacy effort. It need not be a dramatic event, but should be something important enough to stand out in your mind. When you are reporting on a weekly basis we would ask that you report the first incident in the week which meets the criteria outlined above. (Whenever possible we would prefer that you report an incident you engaged in rather than one you observed.)

Each incident you report is an important item for the study. Although it may seem meager by itself, it is significant in describing the range of child advocacy activities. Combined with the incidents collected from people all over the country, it should provide a comprehensive picture of the range of techniques and methods employed in child advocacy.

We are interested in determining what types of techniques seem to work in what kinds of circumstances and when carried out by advocates with what kinds of experience in what sorts of settings. Therefore, we can learn from your failures as well as your successes and would like you to report ineffective as well as effective advocacy attempts. The incidents you report will, of course, be held in confidence. We are asking you to identify yourself and your agency only so that we can relate the kinds of techniques used to the type of setting, community or professional experience, etc. The incidents you report will not be identified in your agency or in the community-at-large.

Examples

In the case of a school suspension you might report in detail, for example, about incidents such as the following:

1) You held a meeting with the school principal at which time you pointed out that you realize the student has a record of disruptive behavior, probably

as a result of his very stressful family situation. However, since he wants to remain in school, you feel the school has a responsibility to help him rather than simply excluding him from class.

2) You held a meeting with the principal at which time you pointed out that the particular teacher in question has recently requested suspension of four Puerto Rican youngsters, none of whom had been in trouble before; therefore, you would recommend that the principal examine the teacher's attitude and behavior in order to determine what he said or did which aroused problem behavior on the part of these students.

3) You filed a request for a fair hearing with the board of appeals on student suspensions. At the hearing you presented evidence from several neutral observers indicating that the student had not behaved in the way described in the suspension notice.

4) You organized a student boycott of classes in support of a student suspended for circulating a petition demanding the publication of a student bill of rights.

In the case of a mildly retarded child who was refused admittance to a neighborhood day care program you might report in detail, for example, about incidents such as the following:

1) You called the intake worker of the program, described the child's limitations and potentials more fully, explained his need for the program, and convinced him to admit the child on a trial basis.

2) You described the situation to the director of your agency and asked her to negotiate this with the administrator of the day care program, a personal friend of your director.

3) You presented the situation at a monthly meeting of the local community council, determined from the comments of representatives from other agencies that day care facilities for retarded children was an unmet community need, and presented a motion requesting the staff of the community council to investigate the possibility of establishing such a program.

4) You filed a complaint with the state department of public welfare which provides funds for the day care program in question, pointing out that this child met the center's stated admission requirements and was unfairly refused admission.

APPENDIX C
Sample Form

CRITICAL INCIDENT REPORT

Name David Howard Date 9/25/72

Agency Somerville Lay Advocacy Center

First Name and Last Initial of Client Sally M.

Advocacy Target (Name of Agency or Institution Intervened with) P.S. 110 Somerville Elementary Schools

Date(s) of Advocacy Activity 9/8/72

Describe briefly an advocacy effort on behalf of an individual child or family which you engaged in or observed this week. (Please remember that advocacy in this context is defined as intervention on behalf of children in relation to the services and institutions impinging on their lives.)

1) What circumstances led up to this incident? (What was the problem? How did it come to your attention? Were you involved in the case previously?)

The grandmother of a ten year old girl called the Center in June to ask for help. She explained that she had custody of Sally and her nine year old brother and that she was very upset because she had just received a letter from the school principal saying that Sally would have to repeat fourth grade. She wondered on what grounds Sally was being held back since the school had given no earlier indication that Sally was having difficulty. Also she was very concerned about the fact that Sally was being assigned to the same class as her brother.

I wrote a letter to the district superintendent protesting the way this had been handled and requesting a meeting. Since I received no reply, I suggested that the grandmother keep Sally out of school the first day of school and plan to go with me to talk with the principal the following day.

2) What was your goal? (What were you hoping to accomplish by this specific activity?)

My primary goal was to get Sally promoted to fifth grade. Failing that, I at least wanted to get her assigned to a class different from her brother's.

3) What did you as an advocate actually do? (What specific steps did you take? What did you say? What problems did you encounter? How did you resolve them?)

At the meeting with the principal I explained that we would like to discuss Sally's placement because the family had not been given an adequate explanation of the reasons for this decision and were concerned about its effect on Sally's self-image.

The principal explained that Sally tested two years behind grade level in reading and seemed immature for her age. Therefore her teacher had recommended that she repeat fourth grade. Mrs. M. said that she did not know too much about reading scores but that Sally had always had a hard time staying ahead of her brother and that the one thing she always held onto was that she was ahead of him in school. Sally had been very upset all summer and Mrs. M. thought this was related to her worry about being held back. Therefore she was very concerned about the emotional effect of this decision on Sally. The principal quickly stated that it had been a real oversight on the school's part to assign Sally to her brother's class - they would never do this deliberately - and that certainly he would reassign her immediately.

I then said that this would be a slight improvement, but that after talking with Sally and her grandmother, I questioned whether she should be held back at all. Sally had had three teachers the previous year and had made rapid progress during the first part of the year, especially with her second teacher. When this teacher left Sally had a difficult time relating to the third teacher and felt that this teacher disliked her. Certainly it would seem that the school had some responsibility to help Sally under these circumstances rather than penalize her for the rapid staff turnover, a problem which was definitely the school's fault. The principal agreed that the change in teachers had been unfortunate, but said that the other children in Sally's class had been able to progress normally. Therefore, they had concluded that Sally needed remedial reading help and would have to repeat fourth grade.

I said that I agreed that Sally needed remedial help, but felt this could be provided just as well in the context of fifth grade. The principal said that he would not debate this with me any further as this was a professional decision and I as a layman did not have the right or the expertise to question the school's decision.

4) Who made the decision to intervene at this time? (Was this your decision? Did you discuss it with your supervisor? Did your agency support you in this activity?)

Since this is the type of activity the Center routinely engages in, I made the decision to intervene. When I failed to achieve my goal, I presented the case at a staff meeting in order to discuss possible reasons for the impasse and to get suggestions for further action.

5) Did this particular intervention require any specialized knowledge or training? (Could a parent or friend, for example, have handled this situation or did you need some special expertise? What kind?)

In this case I was better able to achieve the class transfer than Sally's grandmother because I knew the school principal and felt more comfortable about negotiating with him; however, many parents could have accomplished this on their own.

In regard to the larger issue of getting Sally promoted, I think someone with more expertise was needed. In other words, although I felt I knew enough to be certain that Sally should be promoted, the principal was not willing to accept my judgment or the grandmother's in this area. I think he would have been more receptive if I had been a professional educator.

6) Compared to other situations, how involved personally were you in this incident? (Did its resolution matter a great deal to you or not? Why?)

Low Involvement___; Below Average___; Average___; Above Average_X_; High___.

I felt sorry for the grandmother as she is an elderly woman and is doing her best to raise these children on her own; however she feels she is too old to understand all the problems of children today and thinks younger parents would be more effective.

Also, on a personal level, I feel strongly that decisions regarding promotion should follow the same procedural guidelines as those for suspension since they are often made in an arbitrary manner and can have very damaging effects on children. Therefore I wanted to pursue this case and, if possible, would like to make a test case out of it.

7) Generally speaking, would you say that the organization and/or people you were intervening with were receptive or hostile to your request? (Did you have any prior involvement or knowledge of this agency which led you to expect a certain type of response?)

In my past contacts with this school, the staff members have always been polite and relatively cooperative. (Basically I think that they are fearful of the Center because they think we may create adverse publicity for the school.) In this case, however, the principal was obviously threatened by my attempt to intervene regarding what he felt was a "professional" matter. Therefore, although he was not really hostile, he was totally unreceptive.

8) What was the result of your advocacy? (Did you accomplish what you wanted to? Did you think it was effective or not?)

I succeeded in getting Sally transferred out of her brother's class. However, we failed to get her promoted to fifth grade which was our primary goal.

9) Why do you think you succeeded or failed? (Would you do anything differently now? What resources would you have needed to accomplish your goal more easily or effectively?)

I think the primary problem is that the school system does not have any procedural guidelines to protect students who are held back, as, for example, exist to protect students who are suspended. As a result the principal was able to hide behind the issue of professionalism. At least until such administrative guidelines are instituted, I think it would be more effective to have a professional educator act as advocate in cases such as this since he could discuss questions of student evaluation in the same terms as the school administration and might have greater influence with them.

Additional Comments: (use back if necessary)

Since this incident we have arranged for Sally to have a tutor who has worked with her intensively. He is now trying to set up a meeting with the principal and the reading teacher to report on her progress and again request a promotion to fifth grade. This plan was initiated at the suggestion of a guidance counselor in the district office who said she could not interfere with the principal in this situation but thought this might be an effective approach.

APPENDIX D

Background Information - Respondents

Identifying Data

Name:_____ Home Address:_____

_____
(Include Zip Code)

Agency:_____ Home Phone:_____
(Include Area Code)

Social Security No._____ Best Time to Reach you by Phone:

Work:_____

Home:_____

Training and Experience

Education (Highest Grade or Degree Completed):_____

If Appropriate, Major Field or Area of Concentration:_____

Specialized Training in Advocacy (Please Describe the Type of Training, Where you Received This, and When):

_____

_____

_____

Current Position:_____

Full-Time_____ Part-Time_____ Work-Study_____ Volunteer_____

If Volunteer, Current Occupation_____

Number of Months in Current Position:_____

Prior Work Experience (Please List Positions, Name or Type of Organization(s), and Dates):

_____

_____

_____

00228

Personal

Age: 20 or under_____ 21-29_____ 30-39_____ 40 or over_____

Marital Status:_____

Parent's Occupation:_____

Race or Ethnic Group:_____

Residence: Within Area Served by Agency_____ Outside_____

If Outside, Have you lived within Area in the Past_____

Income: Under $5000_____ $5000-7499_____ $7500-9999_____

$10,000-12,499_____ Over $12, 500

Is There Anything in Your Personal Background or Experience Which Has Been Especially Helpful to You as an Advocate (Please Describe):

_____

_____

_____

APPENDIX E

The Columbia University School of Social Work | *New York, N.Y. 10025*

Child Advocacy Research Project 622 West 113th Street

MEMORANDUM

February 15, 1973

TO: Participants in Critical Incident Study

FROM: Brenda G. McGowan, Child Advocacy Research Project

The reports I have received from you to date have been very good and are providing a great deal of information about the techniques you use in practice. I just have a few general comments and requests to make.

1. Although I neglected to ask specifically, on the questionnaire, when you answer the first question about the background and circumstances which lead up to the incident, I would appreciate your indicating the age of the client, and where relevant, race and socio-economic background or general income level. The comments made by a few of you lead me to think that these factors may have some relationship to the outcome of your advocacy.

2. In terms of the incidents you report, please remember that whenever possible you should describe the first incident you encounter each week. If you do not have any incidents in a given week or if for some reason you cannot send a report one week, please just skip that week and report on the first incident of the following week.

3. The reports have generally been quite slow coming in. Some of you have been sending them regularly and a few have explained the reasons for the delay. I wonder, however, why the other reports are so infrequent. Is it that you simply don't have any advocacy activities to report - or is there some problem with the reporting process itself? When I planned the study, I estimated that it would take you about one-half to one hour to complete each report and therefore decided that $10 would be fair compensation. Do you find that it is taking you much longer than this to complete the

reports - or are there certain questions you are having difficulty with? If so, would some of you find it more efficient to make the complete report by telephone?

When the reports don't come in on a regular basis, I face the problem of deciding whether or not I can use them since one of the assumptions of the study is that the incidents reported will not be selected on any special basis but rather will be representative of your total practice. Also, as I mentioned when I met with you, there is urgent need for advocacy training materials for new people entering the field; but in order to complete my report this summer as planned, I need to have six to eight reports from each of you by the end of March. Therefore, if any of you have any comments or suggestions as to how the reporting process could be speeded up, I would really appreciate your dropping me a line or calling me collect at (212)280-4473.

Again, my thanks for all the cooperation you've given me to date. The reports so far are great; it's just that I need more of them!

BGM/mc

BIBLIOGRAPHY

Ad Hoc Committee on Advocacy. "The Social Worker as Advocate: Champion of Social Victims." Social Work, XIV:2 (April, 1969), 16-22.

Ad Hoc Committee on Child Mental Health. Report to the Director. Washington, D.C.: National Institute of Mental Health, February, 1971.

Adams, John Kay. "School Ombudsmen Explore Student Rights." Opportunity, II:3 (April, 1972), 24-29.

Ader, Mary, ed. A Compilation of Materials for Legal Assistants and Lay Advocates. Chicago: National Clearinghouse for Legal Services, Northwestern University School of Law, 1971.

Advocacy for Children (HEW/OCD Newsletter). Washington, D.C.: National Center for Child Advocacy, Office of Child Development, 1971-3.

Ajemian, James Avedis. "The Unrepresented Citizen in a Bureaucratic Society: A Comparative Analysis of Three Citizen Complaint Organizations." Unpublished Ph. D. dissertation, The University of Michigan, 1971.

Alinsky, Saul D., Rules for Radicals. New York: Vintage Books, 1971.

Arche, Esperanza, et al. "An Exploratory Study of the Practice of Advocacy by Social Workers in Family Service and Child Guidance Agencies." Master's Thesis, University of Southern California School of Social Work, June, 1972. (Mimeographed.)

Armor, David J., and Couch, Arthur S. The Data-Text Primer. Cambridge, Mass., 1971. (Mimeographed.)

Basic Rights of the Mentally Handicapped. Washington, D.C.: Mental Health Law Project, 1973.

Beker, Jerome, et al. Critical Incidents in Child Care. A Case Book. New York: Behavioral Publications, 1972.

Blalock, Hubert M. Social Statistics. New York: McGraw-Hill Book Company, 1960.

Bogdan, Robert. Observing in Institutions. Second in a Series: "Notes from the Center" #2. Syracuse, N.Y.: The Center on Human Policy, Syracuse University Division of Special Education and Rehabilitation, [1972].

Bonovitch, Robert C., and Woronoff, Norman. "Advocacy in Michigan: Making Systems Work for People." Public Welfare, XXX:2 (April, 1972), 37-43.

Brager, George A. "Advocacy and Political Behavior." Social Work, XIII:2 (April, 1968), 5-15.

_____, and Specht, Harry. Community Organizing. New York: Columbia University Press, 1973.

Bremner, Robert H., ed. Children and Youth in America, Vol. II, Parts 1-6. Cambridge, Mass.: Harvard University Press, 1971.

Briar, Scott. "The Current Crisis in Social Casework." Social Work Practice. New York: Columbia University Press, 1967, 19-33.

_____. "The Social Worker's Responsibility for the Civil Rights of Clients." New Perspectives, I (Spring, 1967), 89-92.

_____, and Miller, Henry. Issues and Problems in Social Casework. New York: Columbia University Press, 1971.

Buckley, Walter. Sociology and Modern Systems Theory. Englewood Cliffs, N.J.: Prentice-Hall, 1967.

Cahn, Edgar S., and Cahn, Jean Camper. "Power to the People or the Profession? - The Public Interest in Public Interest Law." Yale Law Journal, LXXIX:6 (May, 1970), 1005-1048.

Cohen, David K., et al. "Consumer Protection in Public Education." Cambridge, Mass.: Center for the Study of Public Policy, 1971. (Mimeographed.)

Cohen, Donald, and Richards, Catherine V. "Youth as Advocates." Children Today, I:2 (March-April, 1972), 32-35.

Cohen, Jerome. "Advocacy and the Children's Crisis." American Journal of Orthopsychiatry, XLI:5 (October, 1971), 807-8.

Colombotos, John. "The Effects of Personal vs. Telephone Interviews on Socially Acceptable Responses." Paper presented at the annual meeting of the American Association for Public Opinion Research, Groton, Conn., May 14, 1965.

Connaway, Ronda S., et al. "Issues in Professional Advocacy in Mental Health Service Delivery Systems." Paper presented at the Third National Association of Social Workers' National Professional Symposium, New Orleans, La., November 28, 1972.

Cox, Fred M., et al., eds. Strategies of Community Organization. Itasia, Ill.: F.E. Peacock Publishers, Inc., 1970.

Crisis in Child Mental Health: Challenge for the 1970's. Report of the Joint Commission on Mental Health of Children. New York: Harper & Row, 1970.

Dimond, Paul. "Towards a Children's Defense Fund." Harvard Educational Review, XLI:3 (August, 1971), 386-400.

Ehrenkrantz, Shirley M. "A Study of Joint Interviewing in the Treatment of Marital Problems," Parts 1 and 2. Social Casework, XLVIII (October and November, 1967) 498-502, 570-574.

Eliot, Martha M. "Six Decades of Action for Children." Children Today, I:2 (March-April, 1972), 2-7.

Fanshel, David. "Child Welfare." Encyclopedia of Social Work, Vol. 1. New York: National Association of Social Workers, 1971, 99-103.

Finestone, Samuel. "Basic Questions Underlying Social Work Change Efforts." New York: Columbia University School of Social Work, July, 1970. (Mimeographed.)

_____. "Issues Involved in Developing Diagnostic Classifications for Casework." Casework Papers, 1960. New York: Family Service Association of America.

Flanagan, John C. "The Critical Incident Technique." Psychological Bulletin. LI:4 (July, 1954), 327-359.

Glaser, Barney G., and Strauss, Anselm, L. The Discovery of Grounded Theory: Strategies for Qualitative Research. Chicago: Aldine Publishing Company, 1967.

Goode, William J., and Holt, Paul K. Methods in Social Research. New York: McGraw-Hill Book Company, 1952.

Goodrich, D. Wells, and Boomer, Donald S. "Some Concepts about Therapeutic Interventions with Hyperaggressive Children." Social Casework, XXXIX:4 (April, 1958), 207-213, and XXXIX:5 (May, 1958), 286-292.

Gould, Richard J. "Children's Rights: More Liberal Games." Social Policy, I:7 (July-August, 1971), 50-52.

Grinnell, Richard M., Jr. "Environmental Modification: Casework's Concern or Casework's Neglect?" Social Service Review, XLVII:2 (June, 1973), 208-220.

Grosser, Charles F. "Community Development Programs Serving the Urban Poor." Social Work, X:3 (July, 1965), 15-21.

_____. New Directions in Community Organization: From Enabling to Advocacy. New York: Praeger Publishers, 1973.

Hage, Jerald, and Aiken, Michael. Social Change in Complex Organizations. New York: Random House, 1970.

Hamberg, Jill. Where It's At: A Research Guide for Community Organizing. Boston: New England Free Press, 1967.

Hearn, Gordon, ed. The General Systems Approach: Contributions Towards an Holistic Conception of Social Work. New York: Council on Social Work Education, 1969.

Hollis, Florence. Casework: A Psychosocial Therapy, 2nd ed. New York: Random House, 1972.

_____. A Typology of Casework Treatment. New York: Family Service Association of America, 1967.

Holtzman, Reva Fine. "Major Teaching Methods in Field Instruction in Casework." Unpublished D.S.W. dissertation, Columbia University, 1966.

Janchill, Sister Mary Paul. "Systems Concepts in Casework Theory and Practice." Social Casework, L (1969), 74-84.

Jones, Ron W. Finding Community: A Guide to Community Research and Action. Palo Alto, Calif.: James E. Freel and Associates, 1971.

Juvenile Justice Confounded: Pretensions and Realities of Treatment Services. Paramus, N.J.: National Council on Crime and Delinquency, 1972.

Kahn, Alfred J. "The Design of Research." Social Work Research. Edited by Norman A. Polansky. Chicago: The University of Chicago Press, 1960, pp. 48-73.

_____. Social Policy and Social Services. New York: Random House, 1973.

_____, et al. Neighborhood Information Centers. New York: Columbia University School of Social Work, 1966.

_____; Kamerman, Sheila B.; and McGowan, Brenda G. Child Advocacy: Report of a National Baseline Study. Washington, D.C.: U.S. Department of Health, Education and Welfare, 1973.

Kamerman. Sheila B. "Community-Based Child Advocacy Projects: A Study in Evaluation (unpublished D.S.W. dissertation, Columbia University, 1973).

_____; Kahn, Alfred J.; and McGowan, Brenda G. "Research and Advocacy." Children Today, I:2 (March-April, 1972), 35-37.

Katz, Elihu, and Danet, Brenda, eds. Bureaucracy and the Public: A Reader in Official-Client Relations. New York: Basic Books, Inc., 1973.

Katz, Sanford N. When Parents Fail: The Law's Response to Family Breakdown. Boston: Beacon Press, 1971.

Knitzer, Jane. "Advocacy and the Children's Crisis." American Journal of Orthopsychiatry, XLI:5 (October, 1971), 799-806.

Kohler, Mary. "The Rights of Children, An Unexplored Constituency." Social Policy, I:6 (March-April, 1971), 36-44.

Kramer, Ralph M. Participation of the Poor: Comparative Case Studies in the War on Poverty. Englewood Cliffs, N.J.: Prentice-Hall, 1969.

_____, and Specht, Harry, eds. Readings in Community Organization Practice. Englewood Cliffs, N.J.: Prentice-Hall, 1969.

Lewis, Wilbert L. "Child Advocacy and Ecological Planning." Mental Hygiene, LIV:4 (October, 1970), 475-483.

Lippitt, Ronald; Watson, Jeanne; and Westley, Bruce. The Dynamics of Planned Change. New York: Harcourt, Brace and Company, 1958.

Litwak, Eugene, and Meyer, Henry J. "A Balance Theory of Coordination Between Bureaucratic Organizations and Community Primary Groups." Behavioral Science for Social Workers. Edited by E. J. Thomas. New York: The Free Press, 1967, pp. 246-262.

_____, et al. "Community Participation in Bureaucratic Organizations: Principles and Strategies." Interchange, I:4 (1970), 43-60.

Lourie, Norman U. "The Question of Advocacy: The Many Faces of Advocacy." Public Welfare, XXX:2 (Spring, 1972), 12-15.

Lurie, Ellen. How to Change the Schools. New York: Vintage Books, 1970.

McGuire, Rita Audrey. "The Group Work Field Instructor-in-Action: A Study of Field Instruction Using the Critical Incident Technique." Unpublished D.S.W. dissertation, Columbia University, 1963.

Maddi, Dorothy Linder. Public Welfare Caseworkers and Client Referrals to Legal Services. American Bar Foundation Series-Legal Services for the Poor. Chicago: Foundations Publications, 1971.

Manser, Ellen P., ed. Family Advocacy: A Manual for Action. New York: Family Service Association of America, 1973.

Marris, Peter, and Rein, Martin. Dilemmas of Social Reform. New York: Atherton Press, 1967.

Meyer, Carol. Social Work Practice: A Response to the Urban Crisis. New York: Free Press, 1970.

Morgan, R. H. "Intervention Techniques in Social Group Work: A Study of Social Work Practice Using the Critical Incident Technique." Unpublished D.S.W. dissertation, Columbia University, 1966.

Mulford, Robert. "Protective Services for Children." Encyclopedia of Social Work, Vol. 2. New York: National Association of Social Workers, 1971, 1007-1013.

Mullen, Edward. "Differences in Worker Style in Casework." Social Casework, L:6 (June, 1969), 347-353.

Nader, Ralph; Petkas, Peter; and Blackwell, Kate, eds. Whistle Blowing. New York: Bantam Books, 1972.

National Council of Jewish Women. Justice For Children. A Guide to Study and Action on the Juvenile Justice System in Your Community. New York, April, 1972.

A National Program for Comprehensive Child Welfare Services. New York: Child Welfare League of America, 1971.

Orlin, Malinda. "A Role for Social Workers in the Consumer Movement." Social Work, XVIII:1 (January, 1973), 60-65.

Parent-ACT...Advocates for Children Today. Milwaukee: University of Wisconsin School of Social Welfare, June, 1971. (Mimeographed.)

Paul, James L., and Pelosi, John W. "A 'Within Systems Approach' to Child Advocacy: A Neighborhood Model." Paper presented at the annual meeting of the American Public Health Association, Minneapolis, Minn., Oct. 13, 1971.

Pechman, Sylvia M. "Seven Parent and Child Centers." Children Today, I:2 (March-April, 1972), 28-32.

Perlman, Robert, and Jones, David. Neighborhood Service Centers. Washington, D.C.: Government Printing Office, 1967.

President's Task Force on Early Child Development. J. McV. Hunt, chairman. "A Bill of Rights for Children." Washington, D.C.: Office of the Secretary, Department of Health, Education and Welfare, 1967.

Reich, Charles. "The New Property." Yale Law Journal, LXXIII:5 (April, 1964), 733-787.

Reid, Joseph H., and Phillips, Maxine. "Child Welfare Since 1912." Children Today, I:2 (March-April, 1972), 13-19.

Richan, Willard C. "Dilemmas of the Social Work Advocate." Child Welfare, LII:4 (April, 1973), 220-226.

Riessman, Frank, and Reiff, Robert. "The Indigenous Nonprofessional: A Strategy of Change in Community Action and Community Mental Health Programs." Community Mental Health Journal, Monograph No. 1. New York: Behavioral Publications, 1965.

Riley, Patrick V. "Family Advocacy: Case to Cause and Back to Case." Child Welfare, L:7 (July, 1971), 374-383.

Rivera, Geraldo. Willowbrook: A Report on How It Is and Why It Doesn't Have to Be That Way. New York: Vintage Books, 1972.

Roberts, Robert W., and Nee, Robert H., eds. Theories of Social Casework. Chicago: University of Chicago Press, 1970.

Rosenberg, Morris. The Logic of Survey Analysis. New York: Basic Books, 1968.

Rosengren, William R., and Lefton, Mark, eds. Organizations and Clients. Columbus, Ohio: Charles E. Merrill Publishing Co., 1970.

Ryan, William, and Morris, Laura B. Child Welfare Problems and Potentials. Boston: Massachusetts Committee on Children and Youth, 1967.

Shapiro, Deborah. "A Comprehensive Child Welfare Research Program: The Agency Phase." Paper presented at the National Conference of Social Welfare, San Francisco, Calif., May 27, 1968.

Silberman, Charles E. Crisis in the Classroom. New York: Vintage Books, 1971.

"Social Casework: Past, Present, and Future." (A tribute to Gordon Hamilton) Social Work, XIII:1 (Jan., 1968), 5-59.

Social Security Administration. Report of the Advisory Council on Child Welfare Services. Washington, D.C.: Government Printing Office, Dec., 1959.

Strategies of Implementation of Recommendations of the 1970 White House Conference on Children. Washington, D.C.: Government Printing Office, 1971.

Student Rights Handbook. Dayton, Ohio: Center for the Study of Student Citizenship, Rights and Responsibilities, 1971.

Task Force on Children out of School. The Way We Go to School. Boston: Beacon Press, 1970.

Terrell, Paul. "The Social Worker as Radical: Roles of Advocacy." New Perspectives: The Berkeley Journal of Social Welfare, I (Spring, 1967), 83-88.

Thompson, James D. Organizations in Action. New York: McGraw-Hill Book Company, 1967, pp. 3-13; 39-82.

Turner, Francis J. "A Comparison of Procedures in the Treatment of Clients with Two Different Value Orientations." Social Casework, XLV (May, 1964), 273-277.

Ward, Spencer A. "Components of a Child Advocacy Program." Children Today, I:2 (March-April, 1972), 38-40.

Weissman, Harold, ed. Justice and the Law in the Mobilization For Youth Experience. New York: Association Press, 1969.

Weissman, Irving, and Baker, Mary R. Education for Social Workers in the Public Social Services. New York: Council on Social Work Education, 1959.

White House Conference on Children. Report to the President. Washington, D.C.: Government Printing Office, 1970.

White House Conference on Youth. Recommendations and Resolutions. Washington, D.C.: Government Printing Office, 1971.

Whitmer, Carroll A., and Conover, C. Glenn. "A Study of Critical Incidents in the Hospitalization of the Mentally Ill." Social Work, IV:1 (Jan., 1959), 89-94.

Wilensky, Harold L., and Lebeaux, Charles N. Industrial Society and Social Welfare. New York: Russell Sage Foundation, 1958.

Wineman, David, and James, Adrienne. "The Advocacy Challenge to Schools of Social Work." Social Work, XIV:2 (April, 1969), 23-32.

Wolfensberger, Wolf. "Toward Citizen Advocacy for the Handicapped." Lincoln: Nebraska Psychiatric Institute, University of Nebraska Medical Center, undated. (Mimeographed.)

Zigler, Edward. "A National Priority: Raising the Quality of Children's Lives." Children, XVII:5 (Sept., 1970), 166-170.

00240

END

DEPT. OF HEW

NAT'L INSTITUTE OF EDUCATION

ERIC

DATE FILMED

JUNE 9 76